

United States Bankruptcy Court for the:

Northern District of Georgia

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 201

### Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name**

American Underwriting Services, LLC

**2. All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business as* names

**3. Debtor's federal Employer Identification Number (EIN)**

20-3246565

**4. Debtor's address**

**Principal place of business**

1255 Roberts Blvd

Number Street

Suite 102

Kennesaw

GA

30144

City

State

ZIP Code

**Mailing address, if different from principal place of business**

Number Street

P.O. Box

City

State

ZIP Code

**Location of principal assets, if different from principal place of business**

Number Street

City

State

ZIP Code

**5. Debtor's website (URL)**

www.americanunderwritingservices.com

**6. Type of debtor**

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership ( LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor	American Underwriting Services, LLC Name _____	Case number (if known) _____
<hr/>		
<p><b>7. Describe debtor's business</b></p> <p>A. Check one:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))  <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))  <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))  <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))  <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))  <input checked="" type="checkbox"/> None of the above</p> <hr/> <p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501)  <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  See <a href="http://www.naics.com/search/">http://www.naics.com/search/</a>.</p> <p><u>524210</u></p>		
<hr/>		
<p><b>8. Under which chapter of the Bankruptcy Code is the debtor filing?</b></p>	<p>Check one:</p> <p><input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input checked="" type="checkbox"/> Chapter 11. Check all that apply:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  <input type="checkbox"/> A plan is being filed with this petition.  <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.  <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>	
<hr/>		
<p><b>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</b></p> <p>If more than 2 cases, attach a separate list.</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____  MM / DD / YYYY</p> <p>District _____ When _____ Case number _____  MM / DD / YYYY</p>	
<hr/>		
<p><b>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</b></p> <p>List all cases. If more than 1, attach a separate list.</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship _____  District _____ When _____ MM / DD / YYYY</p> <p>Case number, if known _____</p>	

Debtor American Underwriting Services, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?** Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**  
 No  
 Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

### Statistical and administrative information

**13. Debtor's estimation of available funds** Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

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**14. Estimated number of creditors**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input checked="" type="checkbox"/> 200-999		

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**15. Estimated assets**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor	American Underwriting Services, LLC Name	Case number (if known)
<b>16. Estimated liabilities</b>		
<input type="checkbox"/> \$0-\$50,000 <input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion		
<input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion		
<input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion		
<input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion		

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor** The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/18/2018  
MM / DD / YYYY

/s/ James Russell Wiley

Signature of authorized representative of debtor

James Russell Wiley

Printed name

Title Sole SH of The Wiley Group, Inc., Manager

**18. Signature of attorney**

/s/ Anna Humnicky

Signature of attorney for debtor

Date 05/18/2018

MM / DD / YYYY

Anna Humnicky

Printed name

Small Herrin, LLP

Firm name

Two Paces West, Suite 200 2727 Paces Ferry Rd.

Number Street

Atlanta

City

770-783-1800

Contact phone

GA 30339

State ZIP Code

aumnicky@smallherrin.com

Email address

377850

Bar number

State

**WRITTEN CONSENT IN LIEU OF MEETING OF  
THE MEMBERS OF AMERICAN UNDERWRITING SERVICES, LLC**

THE UNDERSIGNED, constituting the sole shareholder of The Wiley Group, Inc. (“Wiley”), which is the sole Member and Manager of American Underwriting Services, LLC, a limited liability company organized and existing under the laws of the State of Georgia (hereinafter referred to as the “Company”), holding all membership interests in the Company, pursuant to O.C.G.A. § 14-11-309 hereby gives his written consent (a) to the dispensation of a special meeting of the Members of the Company and (b) to the taking of the following action, which action could have been taken had such a meeting been held:

WHEREAS, Wiley believes that it is in the best interest of the Company to file a petition seeking relief under the United States Bankruptcy Code.

NOW THEREFORE, BE IT RESOLVED that the filing by the Company of a petition for relief under Chapter 11 of Title 11 of the United States Code in the United States Bankruptcy Court for the Northern District of Georgia (the “Petition”) is hereby approved an authorized; and be it further

RESOLVED, that James Russell Wiley (“R. Wiley”) is authorized and directed to sign and execute the Petition and that the below signature of the sole shareholder of Wiley shall be evidence of such approval; and be it further

RESOLVED, that R. Wiley is authorized and directed to retain Kevin Van de Grift of the financial advisory firm, GGG Partners, LLC, as Chief Restructuring Officer (“CRO”) of Company; and be it further

RESOLVED, that the law firm of Small Herrin, LLP, or such other law firm as determined by R. Wiley, is authorized and directed to file on behalf of the Company the Petition; and be it further

RESOLVED, that the Company be and is authorized and directed to retain on behalf of the Company the law firm of Small Herrin, LLP, or such other law firm, to render legal services to, and to represent, the Company in connection with such proceedings and other related matters in connection therewith, on such terms as R. Wiley has approved; and be it further

RESOLVED, that the Company be and hereby is, authorized and directed to take any and all such further action and to execute and deliver any and all such instruments and documents and to pay all fees and expenses as in R. Wiley’s and the CRO’s judgment shall be necessary or desirable, in order to fully carry out the intent and accomplish the purposes of the resolutions adopted herein; and be it further

RESOLVED, that all acts heretofore lawfully done or actions lawfully taken by the Company in connection with the reorganization of the Company or any matter related thereto, including the previous engagement of the law firm of Small Herrin, LLP, or such other law firm, or by virtue of these resolutions, are hereby in all respects ratified, confirmed and approved.

IN WITNESS WHEREOF, the undersigned, constituting the sole Member of the Company, has executed these Consent Resolutions this 18th day of May 2018.

/s/ J. Russ Wiley  
James Russell Wiley, Sole Shareholder of  
The Wiley Group, Inc., the Sole Member  
and Manager of American Underwriting  
Services, LLC

## Fill in this information to identify the case:

Debtor name American Underwriting Services, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (If known):

 Check if this is an amended filing

## Official Form 204

## Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 ProSight Specialty 12 Mount Kemble Ave Suite 300C Morristown, NJ, 07960						5,188,554.33
2 Lloyds of London/Tyers 9th Floor Beaufort House 15 St Botolph Street London, England, EC3A 7EE		Insurance premiums				1,116,783.85
3 American Millennium Insurance Company 1044 Route 23 North, STE 103 Wayne, NJ, 07470		Insurance premium				1,103,598.00
4 SC&F Specialty Underwriters 160 Water Street 16th Floor New York, NY, 10038-4922						266,347.94
5 AIG 1200 Abernathy Rd Bldg 600, Suite 800 Atlanta, GA, 30328		Insurance premium				254,368.75
6 American Inter-Fidelity Exchange 9223 Broadway; Ste A Merrillville, IN, 46410		Insurance premiums				130,306.26
7 American Southern Insurance Companies 3715 Northside Parkway Building 400, Suite 800 Atlanta, GA, 30327		Insurance premiums				128,781.80
8 ACE Westchester Specialty Grp 5505 N. Cumberland Ave. Suite 307 Chicago, IL, 60656		Insurance premiums				124,343.18

Debtor	American Underwriting Services, LLC Name	Case number (if known)				
Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9 Risk Placement Services 33719 Treasury Center Chicago, IL, 60694-3700						52,000.00
10 Professional Safety Consultants 221 Victory Lane Suite 100 Lincoln, NE, 68528		Insurance premiums				12,088.65
11 Synovus Bank PO Box 23061 Columbus, GA, 31902-3061		Credit Card Debt				8,225.54
12 Willcomply, LLC 3700 Park East Drive, Suite 250 Beachwood, OH, 44122		Insurance premium				1,478.50
13 Jane R. Parker 204 Kier Street New Alexandria , PA, 15670						0.00
14 Hinson Building Corporation 540 48th Street Court East Bradenton , FL, 34208						0.00
15 Milner, Inc. P.O. Box 923197 Norcross, GA, 30010-3197						0.00
16 State Tax Commission P.O. Box 23050 Jackson, MS, 39225-3050						0.00
17 Texas Dept of Insurance Attn: Co Licensing and Reg Off, DIV 50561 P O Box 149104 Austin , TX, 78714-9104						0.00
18 Hibbs & Associates 2362 Three Bars Dr Snellville , GA, 30078						0.00
19 Multi Printing Solutions, Inc. 8113 S. Lemont Rd Darien , IL, 60561-1755						0.00
20 Cobb County Tax Commissioner P.O. Box 100127 Marietta, GA, 30061-7027						0.00

Fill in this information to identify the case:

Debtor name	American Underwriting Services, LLC
United States Bankruptcy Court for the:	Northern District of Georgia (State)
Case number (If known):	

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 1,458,389.56

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 1,458,389.56

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+\$ 8,386,876.80

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 8,386,876.80

## Fill in this information to identify the case:

Debtor name American Underwriting Services, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2. Cash on hand	\$ 0.00
3. Checking, savings, money market, or financial brokerage accounts ( <i>Identify all</i> )	
Name of institution (bank or brokerage firm)	Type of account
3.1. Bank of North Georgia, a division of Synov	Checking
3.2. See continuation sheet	_____
	Last 4 digits of account number
	4    7    1    8
	\$ 250,000.00
	\$ 0.00
4. Other cash equivalents ( <i>Identify all</i> )	
4.1. Undeposited checks	\$ 100,000.00
4.2. _____	\$ _____
5. Total of Part 1	\$ 350,000.00
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.	

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.  
 Yes. Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.1. Lease deposit, Roberts Blvd., LLC	\$ 12,000.00
7.2. _____	\$ _____

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 12,000.00

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	<u>1,086,389.56</u>	- <u>0.00</u>	= ..... →	\$ <u>1,086,389.56</u>
	face amount	doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>0.00</u>	- <u>0.00</u>	= ..... →	\$ <u>0.00</u>
	face amount	doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,086,389.56

**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**20. Work in progress**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**21. Finished goods, including goods held for resale**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**22. Other inventory or supplies**

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$ _____
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**24. Is any of the property listed in Part 5 perishable?** No Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?** No Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

_____	\$ _____	_____	\$ _____
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**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

_____	\$ _____	_____	\$ _____
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**30. Farm machinery and equipment** (Other than titled motor vehicles)

_____	\$ _____	_____	\$ _____
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**31. Farm and fishing supplies, chemicals, and feed**

_____	\$ _____	_____	\$ _____
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**32. Other farming and fishing-related property not already listed in Part 6**

_____	\$ _____	_____	\$ _____
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**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

**34. Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b> 5 office furniture sets (desk & credenza), 9 work stations, 13 office chairs, 16 desk chairs, 15 file cabinets, 1 sofa, 1 coffee table, 1 side table, 1 glass top stand up desk, 1 computer hutch, 2 conference tables	\$ 0.00	Fair Market Value	\$ 7,000.00
<b>40. Office fixtures</b>	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b> 9 computers, 20 monitors	\$ _____	Fair Market Value	\$ 3,000.00
<b>42. Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles 42.1 _____ \$ _____	\$ _____	_____	\$ _____
42.2 _____ \$ _____	\$ _____	_____	\$ _____
42.3 _____ \$ _____	\$ _____	_____	\$ _____
<b>43. Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			\$ 10,000.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?** No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

_____	\$ _____	_____	\$ _____
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**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ \_\_\_\_\_

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No  
 Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 1255 Roberts Blvd, Suite 102 Kennesaw GA, 30144	Leasehold interest	\$ 0.00	N/A	\$ 0.00
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?** No Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites www.americanunderwritingservices.com	\$ 0.00	N/A	Unknown
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
66. Total of Part 10.	\$ 0.00	_____	\$ _____

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No  
 Yes

#### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - Total face amount      →      doubtful or uncollectible amount      \$ \_\_\_\_\_

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_  
 Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_  
 Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No  
 Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 350,000.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 12,000.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,086,389.56	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 10,000.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. . . . . →	\$ 0.00	\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,458,389.56	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	1,458,389.56	\$ 1,458,389.56

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Continuation Sheet for Official Form 206 A/B****3) Checking, savings, money market, or financial brokerage accounts**

Bank of North Georgia,      Checking      5668  
a Division of Synovus

Balance: 0.00

Bank of North Georgia,      Checking      5650  
a division of Synovus

Balance: 0.00

Fill in this information to identify the case:

Debtor name	American Underwriting Services, LLC
United States Bankruptcy Court for the:	Northern District of Georgia (State)
Case number (If known):	

Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name****Describe debtor's property that is subject to a lien**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
\$ _____	\$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account  
numberDo multiple creditors have an interest in the  
same property? No Yes. Specify each creditor, including this creditor,**Describe the lien****Is the creditor an insider or related party?**

- No  
 Yes

**Is anyone else liable on this claim?**

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**2.2 Creditor's name****Describe debtor's property that is subject to a lien**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account  
numberDo multiple creditors have an interest in the  
same property? No Yes. Have you already specified the relative  
priority? No. Specify each creditor, including this  
creditor, and its relative priority.**Describe the lien****Is the creditor an insider or related party?**

- No  
 Yes

**Is anyone else liable on this claim?**

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

 Yes. The relative priority of creditors is  
specified on lines \_\_\_\_\_**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional  
Page, if any.**

\$ \_\_\_\_\_

Fill in this information to identify the case: Document Page 20 of 139

Debtor American Underwriting Services, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (If known)

Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b> Georgia Department of Revenue 1800 Century Blvd. Suite 9100 Atlanta, GA, 30345	As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> <u>Taxes &amp; Other Government Units</u>	
<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>		
<b>2.2 Priority creditor's name and mailing address</b> Internal Revenue Service Central Insolvency Operations PO Box 7346 Philadelphia, PA, 19101	As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> <u>Taxes &amp; Other Government Units</u>	
<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>		
<b>2.3 Priority creditor's name and mailing address</b> Texas Comptroller of Public Accounts Texas Surplus Lines Department PO Box 13528 Austin, TX, 78711-3528	As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> <u>Taxes &amp; Other Government Units</u>	
<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
<b>3.1 Nonpriority creditor's name and mailing address</b> 1st Patriot Insurance Services, LLC 2616 N. McColl Rd McAllen, TX, 78501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	
<b>3.2 Nonpriority creditor's name and mailing address</b> A to Z Insurance Group, Inc 5959 S Staples Ste 102 Corpus Christi, TX, 78413	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	
<b>3.3 Nonpriority creditor's name and mailing address</b> A.I.Credit Corporation P.O. Box 9045 New York, NY, 10087-9045	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	
<b>3.4 Nonpriority creditor's name and mailing address</b> AAA Truck Agency Corp 25303 IH 45 N The Woodlands Spring, TX, 77380	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	
<b>3.5 Nonpriority creditor's name and mailing address</b> ABCO Premium Finance PO BOX 141029 Coral Gables, FL, 33114	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	
<b>3.6 Nonpriority creditor's name and mailing address</b> Acadia Coffee Service, Inc. 1165 Allgood Road suite 17 Marietta, GA, 30062-2238	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address  ACE Westchester Specialty Grp 5505 N. Cumberland Ave. Suite 307 Chicago, IL, 60656	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 124,343.18
 Date or dates debt was incurred _____  Last 4 digits of account number _____		 Basis for the claim: Insurance premiums	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>8</sup>	Nonpriority creditor's name and mailing address  Acrisure, LLC 5664 Prairie Creek Drive, SE Caledonia, MI, 49316	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		 Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>9</sup>	Nonpriority creditor's name and mailing address  Adams Trucking Insurance 145 Stately Oaks Cir. Brunswick, GA, 31523	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		 Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>10</sup>	Nonpriority creditor's name and mailing address  Affiance Insurance Agency PO Box 1306 Buda, TX, 78610	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		 Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>11</sup>	Nonpriority creditor's name and mailing address  AFS/ Ibex PO Box 224528 Dallas, TX, 75222	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		 Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup>	Nonpriority creditor's name and mailing address  AIG 1200 Abernathy Rd Bldg 600, Suite 800 Atlanta, GA, 30328	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 254,368.75
 Date or dates debt was incurred _____  Last 4 digits of account number _____		Basis for the claim: Insurance premium	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>13</sup>	Nonpriority creditor's name and mailing address  All Solutions Insurance Agency, LLC 22364 Alessandro Blvd Moreno Valley, CA, 92553	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>14</sup>	Nonpriority creditor's name and mailing address  All-Wheels Insurance Services 1001 Cypress Creek Road Ste403 Cedar Park, TX, 78613	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>15</sup>	Nonpriority creditor's name and mailing address  Alliant Insurance Services, Inc. 5100 Thompson Terrace Ste A Colleyville, TX, 76034	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>16</sup>	Nonpriority creditor's name and mailing address  Allnations Insurance Agency 2537 S Gessner Ste 110 Houston, TX, 77063	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 Date or dates debt was incurred _____  Last 4 digits of account number _____		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup>	Nonpriority creditor's name and mailing address  Allsure Insurance 1722 Prairie Grove Dr Houston, TX, 77077	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>18</sup>	Nonpriority creditor's name and mailing address  American Inter-Fidelity Exchange 9223 Broadway; Ste A Merrillville, IN, 46410	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 130,306.26
		Basis for the claim: Insurance premiums	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>19</sup>	Nonpriority creditor's name and mailing address  American Internat'l Companies P.O. Box 30174 New York, NY, 10087-0174	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>20</sup>	Nonpriority creditor's name and mailing address  American Millennium Insurance Company 1044 Route 23 North, STE 103 Wayne, NJ, 07470	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,103,598.00
		Basis for the claim: Insurance premium	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>21</sup>	Nonpriority creditor's name and mailing address  American Southern Insurance Companies 3715 Northside Parkway Building 400, Suite 800 Atlanta, GA, 30327	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 128,781.80
		Basis for the claim: Insurance premiums	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup>	<b>Nonpriority creditor's name and mailing address</b>  AmeriComp Benefits, Inc. P O BOX 4319 Columbus, GA, 31914	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>23</sup>	<b>Nonpriority creditor's name and mailing address</b>  AON Risk Services Inc. P O Box 3870 Little Rock, AR, 72203	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>24</sup>	<b>Nonpriority creditor's name and mailing address</b>  ARM Insurance Agency 4511 Highway 6 N Ste A Houston, TX, 77084	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>25</sup>	<b>Nonpriority creditor's name and mailing address</b>  AssuredPartners NL 3000 Meridian Blvd STE 100 Franklin, TN, 37067	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>26</sup>	<b>Nonpriority creditor's name and mailing address</b>  Avina's Insurance Services 1110 Artesia Blvd Ste. A Cerritos, CA, 90703	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>27</sup>	<b>Nonpriority creditor's name and mailing address</b>  B&D Insurance Services 12118 Walnut Park Crossing #1317 Austin, TX, 78753	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>28</sup>	<b>Nonpriority creditor's name and mailing address</b>  Bancorp South Insurance Services, Inc. 8315 Cantrell Road Suite 300 Little Rock, AR, 72227	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>29</sup>	<b>Nonpriority creditor's name and mailing address</b>  BankDirect Capital Finance Two Conway Park 150 North Field Drive Suite 190 Lake Forest, IL, 60045	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>30</sup>	<b>Nonpriority creditor's name and mailing address</b>  BankDirect Capital Finance, LLC P.O. Box 660448 Dallas, TX, 75266-0448	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>31</sup>	<b>Nonpriority creditor's name and mailing address</b>  Belken Insurance Associates 8626 Tesoro Drive #310 San Antonio, TX, 78217	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup>	<b>Nonpriority creditor's name and mailing address</b>  Ben Spurgin Insurance 2521 Cedar Springs Dallas, TX, 75201	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>33</sup>	<b>Nonpriority creditor's name and mailing address</b>  Biba Insurance Services Inc 17908 Murphy Parkway Lathrop, CA, 95330	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>34</sup>	<b>Nonpriority creditor's name and mailing address</b>  Big Rigs Insurance 14510 Vaughn Rd Molalla, OR, 97038	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>35</sup>	<b>Nonpriority creditor's name and mailing address</b>  Big Truck Agency 2517 Fairway Park Drive Suite 202 Houston, TX, 77092	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>36</sup>	<b>Nonpriority creditor's name and mailing address</b>  Bigham Kiewer Chapman & Watts 2100 Trimmier Road PO Box 996 Killeen, TX, 76540	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup>	<b>Nonpriority creditor's name and mailing address</b>  Bob White Insurance PO BOX 73009 Houston, TX, 77273	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>38</sup>	<b>Nonpriority creditor's name and mailing address</b>  Brower Insurance Agency, LLC 409 East Monument Ave STE 400 Dayton, OH, 45402	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>39</sup>	<b>Nonpriority creditor's name and mailing address</b>  Bylsma-Nederveld Agency, Inc. 3001 Fuller, N.E. Grand Rapids, MI, 49505	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>40</sup>	<b>Nonpriority creditor's name and mailing address</b>  C. Ferguson Insurance P.O. Box 1855 Valley Springs, CA, 95252	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>41</sup>	<b>Nonpriority creditor's name and mailing address</b>  C.M. Brown & Associates, Inc. P.O.Box 384 Perryville, MO, 63775	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>42</sup>	<b>Nonpriority creditor's name and mailing address</b>  Cal-Valley Insurance Services Inc 5070 N. Sixth Street Suite 155 Fresno, CA, 93710	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>43</sup>	<b>Nonpriority creditor's name and mailing address</b>  Canal Indemnity Company 400 East Stone Ave Greenville, SC, 29601	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>44</sup>	<b>Nonpriority creditor's name and mailing address</b>  Canal Insurance Company 400 East Stone Avenue Greenville, SC, 29601	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>45</sup>	<b>Nonpriority creditor's name and mailing address</b>  Capital Premium Finance PO Box 1020 Draper, UT, 84020	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>46</sup>	<b>Nonpriority creditor's name and mailing address</b>  Capitol Insurance Brokers 3820 W.Happy Valley Rd Ste 141 Glendale, AZ, 85310	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>47</sup>	Nonpriority creditor's name and mailing address  Capps Insurance Agency 1610 Shadywood Lane Mount Pleasant, TX, 75455	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>48</sup>	Nonpriority creditor's name and mailing address  Carrier Service Insurance P.O. Box 69000C Miami, FL, 33269	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>49</sup>	Nonpriority creditor's name and mailing address  Cen-Cal Transportation Ins 2351 Sunset Blvd. Ste #314 Rocklin, CA, 95765	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>50</sup>	Nonpriority creditor's name and mailing address  Centerpoint 11285 Elkins Road, Bldg E Roswell , GA, 30076	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>51</sup>	Nonpriority creditor's name and mailing address  Centex Transportation Ins. Svc 2351 Sunset Blvd. Ste. 314 Rocklin, CA, 95765	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

**Part 2: Additional Page**

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Amount of claim

3. <sup>52</sup>	Nonpriority creditor's name and mailing address  Chrome Truck Agency LLC 12220 Eruzione Drive Austin, TX, 78748	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>53</sup>	Nonpriority creditor's name and mailing address  Chubb & Son, Inc. 5505 N Cumberland Ave, Ste 301 Chicago, IL, 60656	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>54</sup>	Nonpriority creditor's name and mailing address  CIT 21146 Network Place Chicago , IL, 60673-1211	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>55</sup>	Nonpriority creditor's name and mailing address  Classic Plan Premium Finance PO Box 5146 Chino, CA, 91708-5146	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>56</sup>	Nonpriority creditor's name and mailing address  Cline Wood Agency 4300 West 133rd St Leawood, KS, 66209	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>57</sup>	Nonpriority creditor's name and mailing address  CO Brown Agency Inc 2048 Superior Drive NW Rochester, MN, 55901	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>58</sup>	Nonpriority creditor's name and mailing address  Cobb County Tax Commissioner P.O. Box 100127 Marietta, GA, 30061-7027	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>59</sup>	Nonpriority creditor's name and mailing address  Cobb County Tax Commissioner 700 South Cobb Drive Marietta, GA, 30060-3162	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>60</sup>	Nonpriority creditor's name and mailing address  Coldwater Insurance Agency Inc 613 Austin Street Levelland, TX, 79336	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>61</sup>	Nonpriority creditor's name and mailing address  Colonial Insurance 3845 Holcomb Bridge Road Ste 300 Norcross, GA, 30092	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: <u>Insurance premiums</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>62</sup>	Nonpriority creditor's name and mailing address  Com-Co Insurance Agency 3425 Dempster St Skokie, IL, 60076	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>63</sup>	Nonpriority creditor's name and mailing address  Comcast P O Box 530098 Atlanta, GA, 30353-0098	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>64</sup>	Nonpriority creditor's name and mailing address  Commercial & Transportation Ins. P.O. Box 361901 Birmingham, AL, 35236	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>65</sup>	Nonpriority creditor's name and mailing address  Commercial Carrier Insurance 44 Merrimon Avenue Ashville, NC, 28801	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>66</sup>	Nonpriority creditor's name and mailing address  Commercial Insurance Associates, LLC 103 Powell Court Suite 100 Brentwood, TN, 37027	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>67</sup>	<b>Nonpriority creditor's name and mailing address</b>  Commercial Insurance Solutions P.O. Box 6310 East Brunswick, NJ, 08816	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>68</sup>	<b>Nonpriority creditor's name and mailing address</b>  Commercial Transportation Insurance Services - CTIS 6520 44th Street #300 Sacramento, CA, 95823	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>69</sup>	<b>Nonpriority creditor's name and mailing address</b>  Commerical Carriers 12641 166th Street Cerritos, CA, 90703	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>70</sup>	<b>Nonpriority creditor's name and mailing address</b>  Commerical Insurance Services PO DRAWER 26227 Oklahoma City, OK, 73126	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>71</sup>	<b>Nonpriority creditor's name and mailing address</b>  Compass Insurance Agency PO Box 530350 Birmingham, AL, 35253	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>72</sup>	Nonpriority creditor's name and mailing address  Cook Insurance Group 3333 Lee Parkway Suite 600 Dallas, TX, 75219	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>73</sup>	Nonpriority creditor's name and mailing address  Cottingham & Butler P.O. Box 28 Dubuque , IA, 52004-0028	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>74</sup>	Nonpriority creditor's name and mailing address  Cottingham & Butler 800 Main Street PO Box 28 Dubuque, IA, 52004	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>75</sup>	Nonpriority creditor's name and mailing address  County Wide Insurance 130 East Stoddard Dexter, MO, 63841	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>76</sup>	Nonpriority creditor's name and mailing address  Craig C Hansen Insurance Servi 2103 3rd Street Eureka, CA, 95501	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>77</sup>	<b>Nonpriority creditor's name and mailing address</b>  Crossroads Insurance Services 9816 Gilespie St Suite 120 Las Vegas, NV, 89183	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>78</sup>	<b>Nonpriority creditor's name and mailing address</b>  Crum & Forster Insurance Co. 305 Madison Avenue Morristown, NJ, 07962	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>79</sup>	<b>Nonpriority creditor's name and mailing address</b>  Custom INS Division 404 E Ramsey Suite 210 San Antonio, TX, 78216	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>80</sup>	<b>Nonpriority creditor's name and mailing address</b>  Cypress Premium Funding 30448 Rancho Viejo Rd STE 100 San Juan Capistrano, CA, 92675	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>81</sup>	<b>Nonpriority creditor's name and mailing address</b>  D & H Insurance Group 914 Judson Rd Longview, TX, 75601	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>82</sup>	Nonpriority creditor's name and mailing address  Dakota Street Insurance PO Box 202 Spring Valley, IL, 61362	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>83</sup>	Nonpriority creditor's name and mailing address  David Baker Insurance 950 S Fry Road Katy, TX, 77450	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>84</sup>	Nonpriority creditor's name and mailing address  Davis Insurance Agency PO BOX 152620 Lufkin, TX, 75915-2620	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>85</sup>	Nonpriority creditor's name and mailing address  De Lage Landen Financial Svcs P.O. Box 41601 Philadelphia, PA, 19101-1601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>86</sup>	Nonpriority creditor's name and mailing address  Delaware Secretary of State Division of Corporations P O Box 5509 Bingham , NY, 13902-5509	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>87</sup>	Nonpriority creditor's name and mailing address  Demoisey Insurance Agency 258 Plaza Drive Lexington, KY, 40503	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>88</sup>	Nonpriority creditor's name and mailing address  Department of State P.O. Box 1500 Tallahassee , FL, 32302-1500	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>89</sup>	Nonpriority creditor's name and mailing address  Desert West Insurance Agency Inc PO Box 640210 El Paso, TX, 79904	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>90</sup>	Nonpriority creditor's name and mailing address  Dickson Insurance PO BOX 40308 Mesa, AZ, 85274	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>91</sup>	Nonpriority creditor's name and mailing address  DMB Truck Insurance LLC PO Box 6423 McKinney, TX, 75071	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>92</sup>	<b>Nonpriority creditor's name and mailing address</b>  Don-Rick Insurance Inc 313 Oak Street Baraboo, WI, 53913	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>93</sup>	<b>Nonpriority creditor's name and mailing address</b>  Donald LaPennna Associates PO BOX 1868 Cranford, NJ, 07016	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>94</sup>	<b>Nonpriority creditor's name and mailing address</b>  Eagle National Insurance - USA (HQ) 80 SW 8th Street, Suite 2000 Brickell Bayview Office Building Miami, FL, 33130	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>95</sup>	<b>Nonpriority creditor's name and mailing address</b>  Eastern Insurors, LLC 445 Godwin Avenue Midland Park, NJ, 07432	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>96</sup>	<b>Nonpriority creditor's name and mailing address</b>  Easy Truck Insurance 7635 Clement Rd Ste A Vacaville, CA, 95688	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>97</sup>	<b>Nonpriority creditor's name and mailing address</b>  Ebix, Inc. 3906 Paysphere Circle Chicago, IL, 60674	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>98</sup>	<b>Nonpriority creditor's name and mailing address</b>  ECBM 300 Conshohocken Ste 405 West Conshohocken, PA, 19428	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>99</sup>	<b>Nonpriority creditor's name and mailing address</b>  Eiyida Solutions 16W277 83rd Street Ste C Burr Ridge, IL, 60527-7951	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>100</sup>	<b>Nonpriority creditor's name and mailing address</b>  Elite 4 Truck 1801 South Excise Ave Ste 115 Ontario, CA, 91761	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>101</sup>	<b>Nonpriority creditor's name and mailing address</b>  Ellington Insurance Inc 121 S Green St Swainsboro, GA, 30401	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>102</sup>	<b>Nonpriority creditor's name and mailing address</b>  Elliott Hartman Agency 611 Ansborough Ave. Waterloo, IA, 50704	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>103</sup>	<b>Nonpriority creditor's name and mailing address</b>  Emery & James Ltd 300 E. Morris Ave. Hammond, LA, 70403	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>104</sup>	<b>Nonpriority creditor's name and mailing address</b>  Equify Risk Services LLC 12222 Merit Drive Suite 1400 Dallas, TX, 75251	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>105</sup>	<b>Nonpriority creditor's name and mailing address</b>  Express Premium Finance Co. PO Box 18836 Oklahoma City, OK, 73154-0836	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>106</sup>	<b>Nonpriority creditor's name and mailing address</b>  Farris Evans Insurance 1568 Union Avenue Memphis, TN, 38174	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>107</sup>	<b>Nonpriority creditor's name and mailing address</b>  FDI Management Group 275 Cumberland Pkwy Ste 246 Mechanicsburg , PA, 17055	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>108</sup>	<b>Nonpriority creditor's name and mailing address</b>  FedEx P.O. Box 660481 Dallas, TX, 75266-0481	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>109</sup>	<b>Nonpriority creditor's name and mailing address</b>  Fino Services LLC 6193 Highway Boulevard #205 Katy, TX, 77494	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>110</sup>	<b>Nonpriority creditor's name and mailing address</b>  First Insurance Funding 450 Skokie Blvd Ste 1000 Northbrook, IL, 60065	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>111</sup>	<b>Nonpriority creditor's name and mailing address</b>  First Niagra Risk Management 125 Hillvue Lane Pittsburgh, PA, 15237	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>112</sup>	<b>Nonpriority creditor's name and mailing address</b>  First Services Inc 215 Estates Dr Ste 1 Roseville, CA, 95678	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>113</sup>	<b>Nonpriority creditor's name and mailing address</b>  Fisher & Phillips LLP 1075 Peachtree Street, NE Suite 3500 Atlanta, GA, 30309	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>114</sup>	<b>Nonpriority creditor's name and mailing address</b>  Flat Iron Capital 950 17th St Suite 1300 Denver, CO, 80202	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>115</sup>	<b>Nonpriority creditor's name and mailing address</b>  Fleet Risk Management, Inc. 2485 Demere Rd., Suite 100 Saint Simons Island, GA, 31522	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>116</sup>	<b>Nonpriority creditor's name and mailing address</b>  FleetSeek 500 Lafayette Blvd, Ste. 230 Fredericksburg , VA, 22401	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>117</sup>	<b>Nonpriority creditor's name and mailing address</b>  Florida Commercial Ins Inc 1401 SW 21st Lane Boca Raton, FL, 33486	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>118</sup>	<b>Nonpriority creditor's name and mailing address</b>  Florida Department of State P.O. Box 6327 Tallahassee , FL, 32314	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>119</sup>	<b>Nonpriority creditor's name and mailing address</b>  Florida State Underwriters P.O. Box 300986 Fern Park, FL, 32824	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>120</sup>	<b>Nonpriority creditor's name and mailing address</b>  Fortenberry Insurance Agency P.O. Box 2139 Hewitt, TX, 76643-2139	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>121</sup>	<b>Nonpriority creditor's name and mailing address</b>  FP Mailing Solutions 140 N Mitchell Court, ste 200 Addison , IL, 60101-5629	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>122</sup>	<b>Nonpriority creditor's name and mailing address</b>  Frontier Truck Insurance 6054 Tanana Drive Carmel, IN, 46033	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>123</sup>	<b>Nonpriority creditor's name and mailing address</b>  Generazio Associates, Inc. 265 Broad Street Bloomfield, NJ, 07003	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>124</sup>	<b>Nonpriority creditor's name and mailing address</b>  Georgia Department of Insurance Premium Tax Division P O Box 935134 Hapeville , GA, 30354	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>125</sup>	<b>Nonpriority creditor's name and mailing address</b>  Georgia Department of Labor P.O. Box 200366 Cartersville , GA, 30120	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>126</sup>	<b>Nonpriority creditor's name and mailing address</b>  Georgia Department of Revenue P.O. Box 105499 Atlanta, GA, 30348-5499	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>127</sup>	<b>Nonpriority creditor's name and mailing address</b>  Georgia Department of Revenue Taxpayer Services Division P.O. Box 740321 Atlanta, GA, 30374-0321	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>128</sup>	<b>Nonpriority creditor's name and mailing address</b>  Global Associates 20 Highland Ave Metuchen, NJ, 08840	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>129</sup>	<b>Nonpriority creditor's name and mailing address</b>  Global Transportation Ins. P.O. Box 5220 Farmington, NM, 87499	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>130</sup>	<b>Nonpriority creditor's name and mailing address</b>  Good's Insurance 352 E Main St, Ste 200 Leola, PA, 17540	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>131</sup>	<b>Nonpriority creditor's name and mailing address</b>  Goodman-Baker Insurance 3534 E Sunshine Ste Ste H Springfield, MO, 65809	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>132</sup>	<b>Nonpriority creditor's name and mailing address</b>  Grace Group, Inc. 17709 Cantrell Road Little Rock, AR, 72223	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>133</sup>	<b>Nonpriority creditor's name and mailing address</b>  Great Lakes Insurance Assoc. 3205 Peach Street Erie, PA, 16508	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>134</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hadley & Lyden, Inc. P.O. Box 700 Winter Park, FL, 32790	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>135</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hancock & Associates, Inc 8200 Kingston Pike Suite 21 Knoxville, TN, 37919	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>136</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hanuschak Agency P.O. Box 7727 Cumberland, RI, 02864	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>137</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hartley Cylke Pacific Insurance 2747 University Ave San Diego, CA, 92104	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>138</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hatch Agency PO BOX 1861 Minnetonka, MN, 55345	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>139</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hawk Agency Inc 7131 Knoxville Ave Peoria, IL, 61614	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>140</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hammond Insurance Inc. 200 S. Main Searcy, AR, 72145	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>141</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hays of Utah Insurance Services 170 South Main Street Suite 1000 Salt Lake City, UT, 84101	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>142</sup>	<b>Nonpriority creditor's name and mailing address</b>  Heil and Heil Insurance Agency LLC 1250 E Diehl Rd Ste 104 Naperville, IL, 60563	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>143</sup>	<b>Nonpriority creditor's name and mailing address</b>  Heiser Agency 133 S Main Street Morton, IL, 61550	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>144</sup>	<b>Nonpriority creditor's name and mailing address</b>  Heritage Insurance 920 Lily Creek Rd Suite 201 Louisville, KY, 40243	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>145</sup>	<b>Nonpriority creditor's name and mailing address</b>  Heritage Insurance Service 920 Lily Creek Rd Suite 201 Louisville, KY, 40243	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>146</sup>	<b>Nonpriority creditor's name and mailing address</b>  HG Companies & Assurance LLC 2045 E Price Rd Ste 7L Brownsville, TX, 78521	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>147</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hibbs & Associates 2362 Three Bars Dr Snellville , GA, 30078	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>148</sup>	<b>Nonpriority creditor's name and mailing address</b>  Higginbotham 308 W Parkwood Ave #104B Friendswood , TX, 77546	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>149</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hinson Building Corporation 540 48th Street Court East Bradenton , FL, 34208	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>150</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hire Right Solutions P O Box 847891 Dallas, TX, 75284-7891	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>151</sup>	<b>Nonpriority creditor's name and mailing address</b>  HNI Risk Services 16085 West Cleveland Ave New Berlin, WI, 53151	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>152</sup>	<b>Nonpriority creditor's name and mailing address</b>  HNI Truck Group 1621 Colonial Parkway Inverness, IL, 60067	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>153</sup>	<b>Nonpriority creditor's name and mailing address</b>  Holmes Murphy & Associates PO BOX 2429 Cedar Rapids, IA, 52406-2429	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>154</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hub Coburn Insurance PO BOX 1000 Colchester, VT, 05446	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>155</sup>	<b>Nonpriority creditor's name and mailing address</b>  Hub Flynn 1643 24th Street West Suite 21 Billings, MT, 59102	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>156</sup>	<b>Nonpriority creditor's name and mailing address</b>  HUB Internat'l Transportation P.O. Box 1000 Colchester, VT, 05446	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>157</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hub International PO BOX 17346 Salt Lake City, UT, 84117	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>158</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hub International Texas 12175 Network Blvd. Suite 100 San Antonio, TX, 78249	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>159</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hub Kaufman P.O. Box 17346 Salt Lake City, UT, 84117	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>160</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hub Lenhardt Agency 1643 24th Street W, Ste 211 Billings, MT, 59102	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>161</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hubbard Insurance Agency, Inc 4574 FM 1960 East Humble, TX, 77346	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		

**Part 2: Additional Page**

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Amount of claim

3. <sup>162</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hughston Insurance Agency, Inc. 46 Cove Circle Brownsville, TX, 78521	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>163</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Hunt & Associates, Inc. 720 North Post Oak Suite 330 Houston, TX, 77024	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>164</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	IBEX PO Box 224528 Dallas, TX, 75222	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>165</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Impact Finance Corp P.O. Box 515439 Dallas, TX, 75251-5439	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		
3. <sup>166</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Insgroup Inc. 3131 W Alabama Ste 200 Houston, TX, 77098	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____  Last 4 digits of account number _____		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>167</sup>	<b>Nonpriority creditor's name and mailing address</b>  INSPRO Insurance P.O. Box 6847 Lincoln, NE, 68506	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>168</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Brokers of Maryland- PO Box 3767 Hagerstown, MD, 21742-3737	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>169</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Group Services, Inc. 3000 W. Cypress Creek Rd Fort Lauderdale, FL, 33309	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>170</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance of Mid Cities Agency 1235 Cavender Dr #101 Hust, TX, 76053	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>171</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Office of America 4223 South Pipkin Rd Ste 200 Lakeland, FL, 33811	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>172</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Office of America - MD 1407 York Road Ste 312 Lutherville Timonium, MD, 21093	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>173</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Risks Managers of MO 425 N New Ballas Rd Ste #175 St Louis, MO, 63141	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>174</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Service Associates 1770 Indian Trail Rd Ste #130 Norcross, GA, 30093	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>175</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurance Service Group P.O. Box 4000 Clinton, TN, 37717	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>176</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurepointe of Texas, Inc. 2909 Hillcroft Suite 600 Houston, TX, 77057	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>177</sup>	<b>Nonpriority creditor's name and mailing address</b>  Insurica Ins. Management Network 1100 NE Loop 410 Ste 200 San Antonio, TX, 78209	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>178</sup>	<b>Nonpriority creditor's name and mailing address</b>  Integrity Transportation Insurance Agency LLC 14511 Falling Creek Dr. Houston, TX, 77014	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> <u>Insurance premiums</u>	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>179</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interline Risk Services, Inc. 2100 Pooler Parkway Pooler, GA, 31322	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>180</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interstate Insurance Agency PO Box 568944 Orlando, FL, 32856-8944	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>181</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interstate Insurance Services Inc. 2601 N Del Rosa Ave Suite 114 San Bernardino, CA, 92402	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>182</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interstate Insurance Services Inc. 6101 N Armstrong St. Wichita, KS, 67204	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>183</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interstate Motor Carriers Agency, Inc PO Box 4500 Freehold, NJ, 07728	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>184</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interstate Truckers Insurance P.O. Box 8394 Boise, ID, 83707	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>185</sup>	<b>Nonpriority creditor's name and mailing address</b>  Interstate Trucking Alliance 7414 Fossil Hill Dr Arlington, TX, 76002	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>186</sup>	<b>Nonpriority creditor's name and mailing address</b>  Intervalley Insurance Services 4221 N Fresno Street Fresno, CA, 93726	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>187</sup>	<b>Nonpriority creditor's name and mailing address</b>  IPFS 5316 Hwy 290 W Suite 310 Austin, TX, 78735	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> Insurance premiums			
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____			
3. <sup>188</sup>	<b>Nonpriority creditor's name and mailing address</b>  Island Financial Ins Assoc Inc 2815 East Main Avenue Puyallup, WA, 98372	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____			
3. <sup>189</sup>	<b>Nonpriority creditor's name and mailing address</b>  ISU Stetson-Beemer Insurance PO BOX 7236 Reno, NV, 89510	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____			
3. <sup>190</sup>	<b>Nonpriority creditor's name and mailing address</b>  Italiano Insurance Services PO Box 18425 Tampa, FL, 33679	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____			
3. <sup>191</sup>	<b>Nonpriority creditor's name and mailing address</b>  J. Smith Lanier P.O. Box 70 West Point, GA, 31833	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Last 4 digits of account number</b> _____			

**Part 2: Additional Page**

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Amount of claim

3. <sup>192</sup>	<b>Nonpriority creditor's name and mailing address</b>  Jagdeep Singh Insurance Agency 4185 W Figarden Dr #101 Fresno, CA, 93722	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>193</sup>	<b>Nonpriority creditor's name and mailing address</b>  James Brummett Insurance PO Box 606 Oliver Springs, TN, 37840	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>194</sup>	<b>Nonpriority creditor's name and mailing address</b>  James Miller Insurance Agency 1801 Eastchase Parkway Suite 109 Fort Worth, TX, 76120	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>195</sup>	<b>Nonpriority creditor's name and mailing address</b>  Jane R. Parker 204 Kier Street New Alexandria , PA, 15670	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>196</sup>	<b>Nonpriority creditor's name and mailing address</b>  Jeffers Insurance Agency 100 NE Loop 410, Ste #1250 San Antonio, TX, 78216	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			

**Part 2: Additional Page**

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Amount of claim

3. <sup>197</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Jenna Crossley Sanford 14635 Creek Club Dr Alpharetta, GA, 30004	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <sup>198</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 0.00
	JLP Insurance Services, LLC 3719 Fry Rd. Suite C Katy, TX, 77449	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <sup>199</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 0.00
	Jones Truck Insurance Agency P.O. Box 236 Waco, TX, 76703-0236	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <sup>200</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 0.00
	Katy Insurance Agency, Inc. P O Box 597 Katy, TX, 77492	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. <sup>201</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 0.00
	Keisling Insurance 8500 Highway 111 Ste 150 Byrdstown, TN, 38549	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

**Part 2: Additional Page**

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Amount of claim

3. <sup>202</sup>	<b>Nonpriority creditor's name and mailing address</b>  Kenneth Seiber 10010 Judy Road Lyles, TN, 37098	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>203</sup>	<b>Nonpriority creditor's name and mailing address</b>  Kentucky Attorney in Fact 314 West Main Street Frankfort, KY, 40601-1808	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>204</sup>	<b>Nonpriority creditor's name and mailing address</b>  Keuler Insurance Agency Inc 229 High St Mineral Point, WI, 53565	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>205</sup>	<b>Nonpriority creditor's name and mailing address</b>  Keystone Truck Underwriters, LLC 702 W. Pitt Street PO Box 640 Bedford, PA, 15522	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>206</sup>	<b>Nonpriority creditor's name and mailing address</b>  KHD LLC Insurance Services 1259 Route 46 East Building One, Suite 125 Parsippany, NJ, 07054	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>207</sup>	<b>Nonpriority creditor's name and mailing address</b>  Kiley, Hines & Associates Insurance 6100 Dutchmans Lane 10th Floor Louisville, KY, 40257	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>208</sup>	<b>Nonpriority creditor's name and mailing address</b>  Kinloch Partners, Inc. 300 Executive Drive Ste 310 West Orange, NJ, 07052	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>209</sup>	<b>Nonpriority creditor's name and mailing address</b>  Kirby Soar Insurance Agency 809 S. Evers Street Plant City, FL, 33563	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>210</sup>	<b>Nonpriority creditor's name and mailing address</b>  KMB Insurance Consultants 1150 Johnson Drive Naperville, IL, 60540	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>211</sup>	<b>Nonpriority creditor's name and mailing address</b>  Krist Insurance 6600 Westown Pkwy., Suite 250 West Des Moines, IA, 50266	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>212</sup>	<b>Nonpriority creditor's name and mailing address</b>  Kunkel & Associates 401 Data Court Dubuque, IA, 52003	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>213</sup>	<b>Nonpriority creditor's name and mailing address</b>  L Transportation Writers, Inc. 405 Oakwood Road 2nd Floor Huntington Station, NY, 11746	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>214</sup>	<b>Nonpriority creditor's name and mailing address</b>  Latino Truckers Insurance Serv PO BOX 4267 Ontario, CA, 91761	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>215</sup>	<b>Nonpriority creditor's name and mailing address</b>  LCIA INC PO BOX 3043 Kearny, NJ, 07032	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>216</sup>	<b>Nonpriority creditor's name and mailing address</b>  Leavitt Group 6050 Tacoma Mall Blvd #300 Tacoma, WA, 98409	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>217</sup>	<b>Nonpriority creditor's name and mailing address</b>  Lenhardt Agency, Inc. Suite 211 Billings, MT, 59102	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>218</sup>	<b>Nonpriority creditor's name and mailing address</b>  Lexington Insurance Company 100 Summer Street, Boston Boston, MA, 02110-2103	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>219</sup>	<b>Nonpriority creditor's name and mailing address</b>  Liberty Insurance Serviesz, Inc 3601 W. Devon Ave Suite 103 Chicago, IL, 60659	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>220</sup>	<b>Nonpriority creditor's name and mailing address</b>  Liberty Truck Insurance 401 Daniel Payne Drive Birmingham, AL, 35214	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>221</sup>	<b>Nonpriority creditor's name and mailing address</b>  Licona Insurance Group 5927 Gateway Blvd W Ste B El Paso, TX, 79925	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>222</sup>	<b>Nonpriority creditor's name and mailing address</b>  Lighthouse Insurance Group 4808 Broadmoor SE Grand Rapids, MI, 49512	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>223</sup>	<b>Nonpriority creditor's name and mailing address</b>  Lipscomb & Pitts 2670 Union Avenue Memphis, TN, 38112	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>224</sup>	<b>Nonpriority creditor's name and mailing address</b>  LLC Insurance Agency 4216 N Lincoln Ave Chicago, IL, 60618	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>225</sup>	<b>Nonpriority creditor's name and mailing address</b>  Lloyds of London/Tysers 9th Floor Beaufort House 15 St Botolph Street London, England, EC3A 7EE	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,116,783.85
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> <u>Insurance premiums</u>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>226</sup>	<b>Nonpriority creditor's name and mailing address</b>  Logistics Insurance Concepts 1527 W. State Hwy 114 Ste 500-299 Grapevine, TX, 76051	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>227</sup>	<b>Nonpriority creditor's name and mailing address</b>  Lonesource 114 MacKenan Drive Suite 300 Cary , NC, 27511	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>228</sup>	<b>Nonpriority creditor's name and mailing address</b>  Los Robles 2930 E Inland Empire Blvd., St Ontario, CA, 91764	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>229</sup>	<b>Nonpriority creditor's name and mailing address</b>  Love Insurance Agency 34920 Ridge Road Willoughby, OH, 44094	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>230</sup>	<b>Nonpriority creditor's name and mailing address</b>  M&O California Insurance Services, Inc 6055 E Washington Blvd Ste 1090 Los Angeles, CA, 90040	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>231</sup>	<b>Nonpriority creditor's name and mailing address</b>  MacKenzie Agency 116 South Third Street Saint Peter, MN, 56082	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>232</sup>	<b>Nonpriority creditor's name and mailing address</b>  Mailing Systems of Georgia 1710 Cumberland Point Drive Suite 7 Marietta, GA, 30067	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>233</sup>	<b>Nonpriority creditor's name and mailing address</b>  Malone Insurance Services 1137 Bordeau Court Dunwoody , GA, 30338	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>234</sup>	<b>Nonpriority creditor's name and mailing address</b>  Maple Leaf Insurance Agency Inc 6536 Kitsap Way Bremerton, WA, 98312	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>235</sup>	<b>Nonpriority creditor's name and mailing address</b>  Marquee Insurance Group 1000 Holcomb Woods Pkwy Building 300 - Suite 315A Roswell, GA, 30076	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>236</sup>	<b>Nonpriority creditor's name and mailing address</b>  Marshall Insurance Agency, Inc 1623 21st Ste Suite A Springfield, OR, 97477	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>237</sup>	<b>Nonpriority creditor's name and mailing address</b>  Martin & Harrill, Inc. 221 W. Eleventh Street Charlotte, NC, 28202	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>238</sup>	<b>Nonpriority creditor's name and mailing address</b>  Marvin Johnson PO BOX 1849 Columbus, IN, 47202	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>239</sup>	<b>Nonpriority creditor's name and mailing address</b>  Mass Insurance Agency 7300 F Street Omaha, NE	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>240</sup>	<b>Nonpriority creditor's name and mailing address</b>  Massachusetts Mutual Life Ins Dept #2560 Los Angeles , CA, 90084-2560	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>241</sup>	<b>Nonpriority creditor's name and mailing address</b>  Massey Insurance Services 16000 Apple Valley Rd Ste C-2 Apple Valley, CA, 92307	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>242</sup>	<b>Nonpriority creditor's name and mailing address</b>  MassMutual Financial Group Policy Loans P O Box 75045 Charlotte , NC, 28275-0045	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>243</sup>	<b>Nonpriority creditor's name and mailing address</b>  Matrix Insurance Group Suite 104 Aventura, FL, 33180	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>244</sup>	<b>Nonpriority creditor's name and mailing address</b>  Maulding & Associates P.O. Box 320549 Jackson, MS	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>245</sup>	<b>Nonpriority creditor's name and mailing address</b>  Maverick Truck Insurance 5840 West 120 Suite #201 Arlington, TX, 76017	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>246</sup>	<b>Nonpriority creditor's name and mailing address</b>  McDonald Insurance 90 Whitlock Place Marietta, GA, 30064	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>247</sup>	<b>Nonpriority creditor's name and mailing address</b>  Menard, Gates, and Mathis 6401 Poplar Ave Ste 250 Memphis, TN, 38119-4688	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>248</sup>	<b>Nonpriority creditor's name and mailing address</b>  Meridian Insurance Group 4555 Mansell Road Suite 250 Alpharetta, GA, 30022	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>249</sup>	<b>Nonpriority creditor's name and mailing address</b>  MGA Insurers, Inc 2225 Enterprise Drive Suite 2513 Westchester, IL, 60154	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>250</sup>	<b>Nonpriority creditor's name and mailing address</b>  Mid South Insurance Agency Inc P.O. Box 457 Corning, AR, 72422	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>251</sup>	<b>Nonpriority creditor's name and mailing address</b>  Millenium Insurance Services 8301 Broadway Suite 405 San Antonio, TX, 78209	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> <u>Insurance premium</u>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>252</sup>	<b>Nonpriority creditor's name and mailing address</b>  Milner, Inc. P.O. Box 923197 Norcross, GA, 30010-3197	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>253</sup>	<b>Nonpriority creditor's name and mailing address</b>  MJ Insurance 9225 Priority Way West Drive Indianapolis, TN, 46240	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>254</sup>	<b>Nonpriority creditor's name and mailing address</b>  Mulligan Insurance Agency, Inc 5114 Highway 33-34 Farmingdale, NJ, 07727	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>255</sup>	<b>Nonpriority creditor's name and mailing address</b>  Multi Printing Solutions, Inc. 8113 S. Lemont Rd Darien , IL, 60561-1755	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>256</sup>	<b>Nonpriority creditor's name and mailing address</b>  National Online Registries, LLC P O Box 419317 Kansas City , MO, 64141-6317	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>257</sup>	<b>Nonpriority creditor's name and mailing address</b>  New York Marine and General Insurance Company c/o Gary Marsh, Dentons US, LLP 303 Peachtree Street, NE, Suite 5300 Atlanta, GA, 30308	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		<b>Basis for the claim:</b> Same as ProSight Specialty Management Compan	
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Last 4 digits of account number</b> _____			
3. <sup>258</sup>	<b>Nonpriority creditor's name and mailing address</b>  NFP Property & Casualty 1050 Wigwam Pkwy. #110 Henderson, NV, 89074	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		<b>Basis for the claim:</b> _____	
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Last 4 digits of account number</b> _____			
3. <sup>259</sup>	<b>Nonpriority creditor's name and mailing address</b>  Nicky's Insurance Agency, Inc 806 Del Oro Lane Pharr, TX, 78577	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		<b>Basis for the claim:</b> _____	
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Last 4 digits of account number</b> _____			
3. <sup>260</sup>	<b>Nonpriority creditor's name and mailing address</b>  North Country Insurance 8800 SE Sunnyside Rd. 16621 N 91st St Ste 103 Scottsdale, AZ, 85255	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		<b>Basis for the claim:</b> _____	
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Last 4 digits of account number</b> _____			
3. <sup>261</sup>	<b>Nonpriority creditor's name and mailing address</b>  Orbis Insurance 5800 NW 74th Ave Miami, FL, 33166	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		<b>Basis for the claim:</b> _____	
<b>Date or dates debt was incurred</b> _____		<b>Is the claim subject to offset?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Last 4 digits of account number</b> _____			

**Part 2: Additional Page**

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Amount of claim

3. <sup>262</sup>	<b>Nonpriority creditor's name and mailing address</b>  OVIA Insurance Services 1809 Banks Road Pompano Beach, FL, 33063	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>263</sup>	<b>Nonpriority creditor's name and mailing address</b>  Palomar Insurance P.O. Box 11128 Montgomery, AL, 36111-0128	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>264</sup>	<b>Nonpriority creditor's name and mailing address</b>  Peoples Insurance Agency PO BOX 119 Waverly , IA, 50677	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>265</sup>	<b>Nonpriority creditor's name and mailing address</b>  PJC Insurance P.O. Box 9750 Springfield, MO, 65801-9750	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>266</sup>	<b>Nonpriority creditor's name and mailing address</b>  Premium Assignment Corp PO BOX 3066 Tallahassee, FL, 32315-3066	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>267</sup>	<b>Nonpriority creditor's name and mailing address</b>  Prime Insurance Company 8722 South Harrison St Sandy, UT, 84070	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>268</sup>	<b>Nonpriority creditor's name and mailing address</b>  Professional Safety Consultants 221 Victory Lane Suite 100 Lincoln, NE, 68528	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,088.65
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> <u>Insurance premiums</u>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>269</sup>	<b>Nonpriority creditor's name and mailing address</b>  Propel Insurance 2045 Cardinal Ave, Ste 300 Medford, OR, 97504	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>270</sup>	<b>Nonpriority creditor's name and mailing address</b>  ProSight Specialty 12 Mount Kemble Ave Suite 300C Morristown, NJ, 07960	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,188,554.33
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>271</sup>	<b>Nonpriority creditor's name and mailing address</b>  Regions Insurance PO BOX 3198 Little Rock, AR, 72203	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>272</sup>	<b>Nonpriority creditor's name and mailing address</b>  Reliance Partners 325 Market Street Suite 205 Chattanooga, TN, 37402	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> Insurance premium	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>273</sup>	<b>Nonpriority creditor's name and mailing address</b>  Rich Insurance Services 105 South 3rd Street Cabot , AR, 72023	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>274</sup>	<b>Nonpriority creditor's name and mailing address</b>  RIS Insurance Services 841 N Central Ave Ste C232 Kent, WA, 98032	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>275</sup>	<b>Nonpriority creditor's name and mailing address</b>  Risk Placement Services 33719 Treasury Center Chicago, IL, 60694-3700	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 52,000.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>276</sup>	<b>Nonpriority creditor's name and mailing address</b>  RJS Insurance Services, Inc. 27782 El Lazo Laguna Niguel, CA, 92677	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>277</sup>	<b>Nonpriority creditor's name and mailing address</b>  Rodriguez Insurance Agency 13111 North Central Expressway Ste 8001 Dallas, TX, 75243	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>278</sup>	<b>Nonpriority creditor's name and mailing address</b>  RRL Insurance Agecny 35000 Kaiser Court Suite 300 Willoughby, OH, 44094	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>279</sup>	<b>Nonpriority creditor's name and mailing address</b>  Saver Insurance Agency 1415 Molson Lake Dr Leander, TX, 78641	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>280</sup>	<b>Nonpriority creditor's name and mailing address</b>  SC&F Specialty Underwriters 160 Water Street 16th Floor New York, NY, 10038-4922	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 266,347.94
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>281</sup>	<b>Nonpriority creditor's name and mailing address</b>  Schoolar & Associates P.O. Box 967 Jemison, AL, 35085	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>282</sup>	<b>Nonpriority creditor's name and mailing address</b>  Sebrite Agency, Inc. 5421 Feltl Road Suite 140 Hopkins, MN, 55343	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>283</sup>	<b>Nonpriority creditor's name and mailing address</b>  Securance Corporation Agency P.O. Box 420390 Houston, TX, 77242-0390	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>284</sup>	<b>Nonpriority creditor's name and mailing address</b>  South Carolina Department Post Office Box 100105 Columbia, SC, 29202-3105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>285</sup>	<b>Nonpriority creditor's name and mailing address</b>  Southern Insurance Specialist PO BOX 2116 Ridgeland, MS, 39158-2116	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>286</sup>	<b>Nonpriority creditor's name and mailing address</b>  State Comptroller - Texas PO Box 149348 Austin , TX, 78714-9348	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>287</sup>	<b>Nonpriority creditor's name and mailing address</b>  State Tax Commission P.O. Box 23050 Jackson, MS, 39225-3050	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>288</sup>	<b>Nonpriority creditor's name and mailing address</b>  Stephens Insurance LLC 140 Township Avenue Ste 202 Ridgeland, MS, 39157	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>289</sup>	<b>Nonpriority creditor's name and mailing address</b>  Sterling Risk Advisors 2500 Cumberland Pkwy Ste 400 Atlanta, GA, 30339	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>290</sup>	<b>Nonpriority creditor's name and mailing address</b>  Stonemark, Inc.	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>291</sup>	<b>Nonpriority creditor's name and mailing address</b>  Sunbelt Insurance Group 114 Lee Pkwy Drive Chattanooga, TN, 37421	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3. <sup>292</sup>	<b>Nonpriority creditor's name and mailing address</b>  Supportive Insurance Services 1610 South Old Decker Road Vincennes , IN, 47591	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>293</sup>	<b>Nonpriority creditor's name and mailing address</b>  SWZ Insurance 295 E Renfro #211 Burleson, TX, 76028	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>294</sup>	<b>Nonpriority creditor's name and mailing address</b>  Synovus Bank PO Box 23061 Columbus, GA, 31902-3061	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,225.54
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> Credit Card Debt	
 <b>Last 4 digits of account number</b> 6250		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>295</sup>	<b>Nonpriority creditor's name and mailing address</b>  T.I.S. Ltd. PO Box 740 Weyauwega, WI, 54983	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>296</sup>	<b>Nonpriority creditor's name and mailing address</b>  TC Insurance Services 1050 Wigwam Pkwy, Suite 110 Henderson, NV, 89074	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
 <b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>297</sup>	<b>Nonpriority creditor's name and mailing address</b>  Texas Dept of Insurance Attn: Co Licensing and Reg Off, DIV 50561 P O Box 149104 Austin , TX, 78714-9104	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>298</sup>	<b>Nonpriority creditor's name and mailing address</b>  Texas Truck 2113 Greenbriar Dr Southlake, TX, 76092	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>299</sup>	<b>Nonpriority creditor's name and mailing address</b>  The Buckner Company 6550 S. Millrock Drive Ste 300 Salt Lake City, UT, 84121	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>300</sup>	<b>Nonpriority creditor's name and mailing address</b>  The Hilb Group of Texas, LLC 777 E. Sonterra Blvd Ste 330 San Antonio, TX, 78258	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>301</sup>	<b>Nonpriority creditor's name and mailing address</b>  Thomson Reuters Inc P O Box 417175 Boston , MA, 02241-7175	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>302</sup>	<b>Nonpriority creditor's name and mailing address</b>  Transport Services Group, LLC 3940 Werrington Drive Cumming, GA, 30040	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>303</sup>	<b>Nonpriority creditor's name and mailing address</b>  Transport South Insurance Agency, LLC 1255 Roberts Blvd Ste 102 Kennesaw, GA, 30144	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>304</sup>	<b>Nonpriority creditor's name and mailing address</b>  TRICOR Inc 230 W Cherry Street Lancaster, WI, 53813	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>305</sup>	<b>Nonpriority creditor's name and mailing address</b>  Trinity Insurance Services LLC PO Box 439 Clarkson, KY, 42726	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			
3. <sup>306</sup>	<b>Nonpriority creditor's name and mailing address</b>  Triumph Insurance 3 Park Central, Suite 1700 12700 Park Central Drive Dallas, TX, 75251	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Basis for the claim:</b> _____			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Date or dates debt was incurred</b> _____			
<b>Last 4 digits of account number</b> _____			

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>307</sup>	<b>Nonpriority creditor's name and mailing address</b>  Troutman Sanders LLP P.O. Box 933652 Atlanta, GA, 31193-3652	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>308</sup>	<b>Nonpriority creditor's name and mailing address</b>  Truck Insurance Specialists 3006 Gill Street Suite D Bloomington, IL, 67104	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>309</sup>	<b>Nonpriority creditor's name and mailing address</b>  Truckers Insurance 400 West Expressway San Juan, TX, 78589	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>310</sup>	<b>Nonpriority creditor's name and mailing address</b>  Trucking Specialist LLC 425 4th Street SC Suite 802 Box 39 Cedar Rapids, IA, 52401	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>311</sup>	<b>Nonpriority creditor's name and mailing address</b>  Truckline Insurance Grp, LLC / T.D. Hawks 120 E. 9TH Street Dubuque, IA, 52001	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>312</sup>	<b>Nonpriority creditor's name and mailing address</b>  True North Companies 500 1st St. SE Cedar Rapids, IA, 52401	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>313</sup>	<b>Nonpriority creditor's name and mailing address</b>  Turner & Hamrick P.O. Box 985 Troy , AL, 36081	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>314</sup>	<b>Nonpriority creditor's name and mailing address</b>  TWI Agency Inc 600 S Tyler St Amarillo, TX, 79101	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>315</sup>	<b>Nonpriority creditor's name and mailing address</b>  U.S. E&O Brokers 820 Gessner Road, Suite 1360 Houston, TX, 77024-4461	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>316</sup>	<b>Nonpriority creditor's name and mailing address</b>  U.S. Premium Finance 280 Technology Parkway Suite 200 Norcross, GA, 30092	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> <u>Insurance premiums</u>	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>317</sup>	<b>Nonpriority creditor's name and mailing address</b>  UPS P.O. Box 7247-0244 Philadelphia, PA, 19170-0001	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>318</sup>	<b>Nonpriority creditor's name and mailing address</b>  US Insurance Source 22327 Gosling Road Spring, TX, 77389	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>319</sup>	<b>Nonpriority creditor's name and mailing address</b>  US Premium Finance 3169 Holcomb Bridge Road Ste 150 Norcross, GA, 30071	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>320</sup>	<b>Nonpriority creditor's name and mailing address</b>  USA Specialty Insurance LLC 5246 SW 8th St STE 102-A Miami, FL, 33134	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>321</sup>	<b>Nonpriority creditor's name and mailing address</b>  USI Southwest 1340 W. Tunnel Blvd, Suite 110 Houma, LA, 70360	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>322</sup>	<b>Nonpriority creditor's name and mailing address</b>  USI Transportation 2021 Spring Road, Suite 100 Oak Brook, IL, 60523	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>323</sup>	<b>Nonpriority creditor's name and mailing address</b>  Various - see attached for SoFA #3	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> See attached	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>324</sup>	<b>Nonpriority creditor's name and mailing address</b>  Vertafore/CIS Solutions 27384 Network Place Holtsville , NY, 60673-1273	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>325</sup>	<b>Nonpriority creditor's name and mailing address</b>  Volmert & Associates 3023 South University Drive #208 Fort Worth, TX, 76109	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>326</sup>	<b>Nonpriority creditor's name and mailing address</b>  West Virginia Ins Commissioner PO Box 2153 Charleston , WV, 25328-2153	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>327</sup>	<b>Nonpriority creditor's name and mailing address</b>  WGI/Stonebriar 16935 W Bernardo Dr Suite 100 San Diego, CA, 92127	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>328</sup>	<b>Nonpriority creditor's name and mailing address</b>  White Wolf Insurance 2406 S Jupiter Rd STE 4 Garland, TX, 75041	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>329</sup>	<b>Nonpriority creditor's name and mailing address</b>  Willcomply, LLC 3700 Park East Drive, Suite 250 Beachwood, OH, 44122	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,478.50
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> Insurance premium	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>330</sup>	<b>Nonpriority creditor's name and mailing address</b>  Windham Brannon, PC 3630 Peachtree Road NE Suite 600 Atlanta, GA, 30326-1543	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>331</sup>	<b>Nonpriority creditor's name and mailing address</b>  WNC, LLC 2900 Delk Road Ste 700 PMB 252 Marietta, GA, 30067-5350	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
 <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____		<b>Basis for the claim:</b> _____	
		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Gary W. Marsh, Esq., Dentons US, LLP 303 Peachtree Street NE, Suite 5300 Atlanta, GA, 30308	Line <u>3.270</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 8,386,876.80
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 8,386,876.80

Fill in this information to identify the case:

Debtor name	American Underwriting Services, LLC
United States Bankruptcy Court for the:	Northern District of Georgia
Case number (If known):	Chapter 11

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

	To be supplemented	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	To be supplemented
2.2	State what the contract or lease is for and the nature of the debtor's interest  Lease for 1255 Roberts Blvd., Suite 102, Kennesaw, GA, 30144 Lessee  State the term remaining 48 months  List the contract number of any government contract	Roberts Blvd, LLC P.O. Box 360566 Birmingham, AL, 35236
2.3	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	

Fill in this information to identify the case:

Debtor name American Underwriting Services, LLC

United States Bankruptcy Court for the: Northern District of Georgia

Case number (if known): \_\_\_\_\_

 Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor	Column 2: Creditor	Check all schedules that apply:	
	Name	Mailing address	Name	
2.1	James Russell Wiley	James Russell Wiley 6201 Arnall Ct. Acworth, GA, 30101	Synovus Bank	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	James Russell Wiley	James Russell Wiley 6201 Arnall Ct. Acworth, GA, 30101	US Premium Finance	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3	James Russell Wiley	James Russell Wiley 6201 Arnall Ct. Acworth, GA, 30101	U.S. Premium Finance	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.5	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.6	_____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	

United States Bankruptcy Court

IN RE:

Case No. \_\_\_\_\_

American Underwriting Services, LLC

Chapter 11 \_\_\_\_\_

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
The Wiley Group, Inc. 1255 Roberts Blvd. Suite 102, Kennesaw, GA 30144	100%	Managing member

Fill in this information to identify the case and this filing:

Debtor Name	American Underwriting Services, LLC
United States Bankruptcy Court for the:	Northern District of Georgia
Case number (If known):	_____

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

Other document that requires a declaration \_\_\_\_\_ List of Equity Security Holders \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/18/2018  
MM / DD / YYYY

 /s/ James Russell Wiley

Signature of individual signing on behalf of debtor

James Russell Wiley

Printed name

Sole SH of The Wiley Group, Inc.,

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	American Underwriting Services, LLC
United States Bankruptcy Court for the: Northern District of Georgia	
Case number (If known):	_____

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2018</u> <u>MM / DD / YYYY</u>	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ \$ <u>1,472,769.00</u>
<b>For prior year:</b>	From <u>01/01/2017</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2017</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ \$ <u>4,430,551.00</u>
<b>For the year before that:</b>	From <u>01/01/2016</u> <u>MM / DD / YYYY</u>	to	<u>12/31/2016</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ \$ <u>3,916,583.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From	<u>MM / DD / YYYY</u>	Filing date	\$ _____
<b>For prior year:</b>	From	<u>MM / DD / YYYY</u>	<u>MM / DD / YYYY</u>	\$ _____
<b>For the year before that:</b>	From	<u>MM / DD / YYYY</u>	<u>MM / DD / YYYY</u>	\$ _____

Debtor American Underwriting Services, LLC Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. AON Risk Services Inc. Creditor's name P O Box 3870 Little Rock, AR 72203		\$ 19,685.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2. Millenium Insurance Services Creditor's name 8301 Broadway Suite 405 San Antonio, TX 78209	2/12/2018	\$ 14,433.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____

See attachments. \_\_\_\_\_

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Neil P. Wiley Insider's name 3558 Langley Oaks Ct. Marietta, GA 30067	05/2018 04/2018 03/2018	\$ 158,000.00	Buyout payments - see attached.

**Relationship to debtor**

Relative of sole SH of sole Member

4.2. <u>Kevin Wiley</u> Insider's name 4706 Buckskin Trail Lilburn, GA 30047	05/2018 04/2018 03/2018	\$ 56,283.09	Wages and reimbursement of expenses - see attached.
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**Relationship to debtor**

Relative of sole SH of sole Member

See attachments

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. New York Marine and General Insurance Corp Creditor's name c/o Gary Marsh, Dentons US, LLP 303 Peachtree Street, NE, Suite 5300 Atlanta, GA 30308	Garnishments (funds under four different garnishments were turned over to the State Court of Gwinnett County by Debtor's bank; at least \$174,003.42 was turned over to ProSight/NY Marine & General Insurance Co. on 3/8/2018)	03/08/2018	\$ 448,000.00
5.2. ProSight Specialty Creditor's name 12 Mount Kemble Ave Suite 300C Morristown, NJ 07960	Garnishments (funds under four different garnishments were turned over to the State Court of Gwinnett County by Debtor's bank; at least \$174,003.42 was turned over to ProSight/NY Marine & General Insurance Co. on 3/8/2018)	03/08/2018	\$ 448,000.00

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

#### Part 3: Legal Actions or Assignments

##### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. v. Am. Underwriting Serv., LLC; Bank of N. Ga., a Div. of Synovus Bank, _____	Garnishment	State Court of Gwinnett County, Georgia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			_____

18-GC-00073-0

Case title	Court or agency's name and address	Status of case
7.2. Prosight Speciality Mgt Co., Inc., et al. v. American Underwriting Services, LLC: Bank of North Georgia, a Division	State Court of Gwinnett County, Georgia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number		Garnishment

18-GC-00299

See attachments

Debtor American Underwriting Services, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	
Case number	Name	
_____	_____	
Date of order or assignment	_____	
_____	_____	

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
<b>Recipient's relationship to debtor</b>			_____
9.2. Recipient's name	_____		\$ _____
<b>Recipient's relationship to debtor</b>			_____

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

### Part 6: Certain Payments or Transfers

#### 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Small Herrin, LLP		05/18/2018	\$ 23,702.00
	Address	Two Paces West, Suite 200 2727 Paces Ferry Road Atlanta, GA 30339		
	Email or website address	www.smallherrin.com		
	Who made the payment, if not debtor?			
11.2.	Scroggins & Williamson, PC		11/30/2017	\$ 7,700.00
	Address	4401 Northside Parkway Suite 450 Atlanta, GA 30327		
	Email or website address	www.swlawfirm.com		
	Who made the payment, if not debtor?			

#### 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$ _____
Trustee			

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. See attached	Money	01/31/2018	\$ 4,287,417.10

Address \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

Who received transfer? \_\_\_\_\_ \$ \_\_\_\_\_

13.2. \_\_\_\_\_

Address \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. _____	From _____ To _____
14.2. _____	From _____ To _____

Debtor American Underwriting Services, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

### Part 8: Health Care Bankruptcies

#### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. \_\_\_\_\_ Facility name \_\_\_\_\_

**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.

**How are records kept?**

*Check all that apply:*

- Electronically
- Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. \_\_\_\_\_ Facility name \_\_\_\_\_

**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.

**How are records kept?**

*Check all that apply:*

- Electronically
- Paper

### Part 9: Personally Identifiable Information

#### 16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. Drivers licenses for truck drivers \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- No
- Yes

#### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan \_\_\_\_\_

Employer identification number of the plan \_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

- No
- Yes

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Bank of North Georgia, a division of Syno <sup>1</sup> Name _____	XXXX-8197	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	Unknown	\$ 100.00
18.2. Bank of North Georgia, a division of Syno <sup>1</sup> Name _____	XXXX-8189	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	Unknown	\$ 100.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Address

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Public Storage Name 3003 Rutledge Rd. Kennesaw, GA 30144	James Russell Wiley	Office furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Address

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

### Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

#### 21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Various Name _____	Various	Funds from insureds due to insurance companies (also listed in Schedule B).	\$ 250,000.00

### Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

#### 22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____ _____ _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address 25.1. Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
--	-------------------------------------	---

Business name and address 25.2. Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
--	-------------------------------------	---

Business name and address 25.3. Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
--	-------------------------------------	---

Debtor American Underwriting Services, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**26. Books, records, and financial statements**

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

	Name and address	Dates of service
26a.1.	Windham Brannon Name 36630 Peachtree Road NE, Suite 600, Atlanta, GA 30326	From 05/12/2016 To 05/11/2018

	Name and address	Dates of service
26a.2.	Sharon McClurd Name	From 05/12/2016 To 06/30/2017

See attachments

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

	Name and address	Dates of service
26b.1.	Name	From _____ To _____

	Name and address	Dates of service
26b.2.	Name	From _____ To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	James Russell Wiley Name 6201 Arnall Court, Acworth, GA 30101	

Debtor American Underwriting Services, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Name and address**

If any books of account and records are  
unavailable, explain why

26c.2. Michelle Madison

Name

1255 Roberts Rd, Suite 102, Kennesaw, GA 30144

See attachments.

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1. ProSight Specialty Mgt. Co., Inc., and NY Marine and Gen. Ins. Co.

Name

c/o Gary Marsh, Dentons US, LLP, 303 Peachtree Street, Suite 5300, Atlanta, GA  
30308

**Name and address**

26d.2.

Name

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name

Debtor American Underwriting Services, LLC  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

**Name and address of the person who has possession of inventory records**

27.2.

Name \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
The Wiley Group, Inc.	1255 Roberts Blvd. Suite 102, Kennesaw, GA 30144	Managing Member	100%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Matt Wiley Name 3542 Clubland Drive Marietta, GA 30068	277.40	09/08/2017	Reimbursement of expenses

**Relationship to debtor**

Relative of sole SH of sole Member

Debtor American Underwriting Services, LLC Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Name and address of recipient 158,000.00 05/2018 Buyout payment

30.2 Neil P. Wiley  
Name  
3558 Langley Oaks Ct.  
Marietta, GA 30067

04/2018

03/2018

Relationship to debtor

Relative of sole SH of sole Member

See attachments

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

The Wiley Group, Inc.

Employer Identification number of the parent corporation

EIN: 20-2316733

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/18/2018  
MM / DD / YYYY

 /s/ James Russell Wiley

Printed name James Russell Wiley

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Sole SH of The Wiley Group, Inc., Mana

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

**Continuation Sheet for Official Form 207**

3) Certain payments or transfers to creditors within 90 days before filing this case

Reliance Partners, 325 Market Street Suite 205, Chattanooga, TN 37402	\$6,668.35	Other
Colonial Insurance, 3845 Holcomb Bridge Road Ste 300 , Norcross, GA 30092	\$167,726.57	Other
Integrity Transportation Insurance Agency LLC, 14511 Falling Creek Dr. , Houston, TX 77014	\$8,561.20	Other
Professional Safety Consultants, 221 Victory Lane Suite 100, Lincoln, NE 68528	\$19,888.20	Other
Lloyds of London/Tysers, 9th Floor Beaufort House 15 St Botolph Street, London, England, EC3A 7EE	\$458,400.90	Other
ACE Westchester Specialty Grp, 5505 N. Cumberland Ave. Suite 307, Chicago, IL 60656	\$14,291.27	Other
American Southern Insurance Companies, 3715 Northside Parkway Building 400, Suite 800, Atlanta, GA 30327	\$149,724.61	Other
American Inter-Fidelity Exchange, 9223 Broadway; Ste A , Merrillville, IN 46410	\$378,323.30	Other
American Millennium Insurance Company, 1044 Route 23 North, STE 103 , Wayne, NJ 07470	\$1,485,405.65	Other
AIG, 1200 Abernathy Rd Bldg 600, Suite 800, Atlanta, GA 30328	\$102,748.15	Other

Continuation Sheet for Official Form 207

U.S. Premium Finance, \$145,366.94 Other  
280

Technology Parkway Su  
ite 200, Norcross,  
GA 30092

IPFS, \$54,785.85 Other  
5316 Hwy 290 W Suite  
310, Austin, TX 78735

Willcomply, LLC, \$9,520.42 Other  
3700 Park East Drive,  
Suite 250, Beachwood,  
OH 44122

Texas Comptroller of Publi \$213,192.05  
c Accounts,  
Texas Surplus  
Lines Depar  
tment PO Box 13528,  
Austin, TX 78711-3528

Various - see attached for Other  
SoFA #3,

4) Payments or other transfers of property made within 1 year before filing this case that benefited any insider

James Russell Wiley 6201 Arnall Court, \$564,048.21  
Acworth, GA 30101

## 7) Legal Actions

Prosight Speciality Mgt Co., Inc., et al. v. Am. Underwriting Serv., LLC;  
Bank of N. Ga, a Div. of Synovus Bank, Garnishee

18-GC-00408-0

Garnishment

State Court of Gwinnett County, Georgia

Pending

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Prosight Speciality Mgt Co., Inc., et al v. American Underwriting Services,  
LLC, et al

1:18-cv-00536-MLB

Fraudulent transfer

U.S. District Court for the Northern District of Georgia

Pending

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**Continuation Sheet for Official Form 207**

Prosight Speciality Mgt Co., Inc. and New York Marine & Gen. Ins. Co. v.  
American Underwriting Services, LLC and James Russell Wiley

1:16-cv-02397-PKC

Breach of contract and breach of fiduciary duty

U.S. District Court for the Southern District of New York

Concluded

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26a) Bookkeepers

Michelle Madison	1255 Roberts Rd, Suite 102, Kennesaw, GA 30144	05/12/2016	05/11/2018
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James Russell Wiley	6201 Arnall Court, Acworth, GA 30101	05/12/2016	05/11/2018
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26c) Records keepers

Windham Brannon	36630 Peachtree Road NE, Suite 600, Atlanta, GA 30326
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30) Payments, distributions, or withdrawals credited or given to insiders

Kevin Wiley	\$56,283.98
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James Russell Wiley	\$564,048.21
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**Attachment to No. 3 - to be supplemented**

DATE	CHECK NO.	PAYEE	AMOUNT	ACCOUNT	REASON
5/9/2018	ACH	American Express	\$7,572.24	The Wiley Group, Inc. (4700)	Payment on credit card
5/9/2018	ACH	American Express	\$1,000.00	The Wiley Group, Inc. (4700)	Payment on credit card
4/23/2018	ACH	American Express	\$5,000.00	The Wiley Group, Inc. (4700)	Payment on credit card
4/23/2018	ACH	American Express	\$1,000.00	The Wiley Group, Inc. (4700)	Payment on credit card
3/28/2018	ACH	American Express	\$15,000.00	The Wiley Group, Inc. (4700)	Payment on credit card
3/27/2018	ACH	American Express	\$522.00	The Wiley Group, Inc. (4700)	Payment on credit card
2/20/2018	ACH	American Express	\$1,500.00	The Wiley Group, Inc. (4700)	Payment on credit card
2/22/2018	1046	Hallman & Wingate	\$15,000.00	The Wiley Group, Inc. (4700)	Services
4/10/2018	1053	Hallman & Wingate	\$6,713.21	The Wiley Group, Inc. (4700)	Services
4/10/2018	1054	Hallman & Wingate	\$6,000.00	The Wiley Group, Inc. (4700)	Services
2/1/2018	ACH	Humana	\$17,276.28	The Wiley Group, Inc. (4700)	Healthcare Insurance
3/12/2018	ACH	Humana	\$8,959.37	Transport South Insurance Agency LLC (4783)	Healthcare Insurance
4/11/2018	ACH	Humana	\$8,451.16	American Underwriting Services, LLC (5668)	Healthcare Insurance
5/10/2018	ACH	Humana	\$6,758.87	Transport South Insurance Agency LLC (4783)	Healthcare Insurance
2/27/2018	1048	Mike Darrah	\$4,658.33	The Wiley Group, Inc. (4700)	Wages
3/14/2018	1008	Mike Darrah	\$4,658.53	Transport South Insurance Agency LLC (4783)	Wages
3/29/2018	1041	Mike Darrah	\$4,658.53	Transport South Insurance Agency LLC (4783)	Wages
4/15/2018	1064	Mike Darrah	\$4,658.53	Transport South Insurance Agency LLC (4783)	Wages
3/30/2018	1052	Mike Darrah	\$804.42	Transport South Insurance Agency LLC (4783)	Wages
2/14/2018	1039	Mike Darrah	\$4,658.53	The Wiley Group, Inc. (4700)	Wages
3/28/2018	1091	Oxendine Law Group, PC	\$10,000.00	The Wiley Group, Inc. (4700)	Services
4/18/2018	1092	Small Herrin, LLP	\$2,000.00	The Wiley Group, Inc. (4700)	Services
5/8/2018	1055	Small Herrin, LLP	\$15,000.00	The Wiley Group, Inc. (4700)	Services
5/11/2018	Wire	Small Herrin, LLP	\$20,000.00	Transport South Insurance Agency LLC (4783)	Services
5/11/2018	1085	Stephen Ohler	\$1,440.00	Transport South Insurance Agency LLC (4783)	Services
3/22/2018	1049	Stephen Ohler	\$1,444.00	Transport South Insurance Agency LLC (4783)	Wages
4/12/2018	1059	Stephen Ohler	\$1,450.00	Transport South Insurance Agency LLC (4783)	Wages
3/14/2018	1015	Stephen Ohler	\$1,443.53	Transport South Insurance Agency LLC (4783)	Wages
4/27/2018	1070	Stephen Ohler	\$1,450.00	Transport South Insurance Agency LLC (4783)	Wages
2/27/2018	1022	Stephen Ohler	\$1,284.53	Transport South Insurance Agency LLC (4783)	Wages
2/15/2018	1042	Stephen Ohler	\$1,284.53	The Wiley Group, Inc. (4700)	Wages
5/11/2018	1086	Joel Whigham	\$1,232.57	Transport South Insurance Agency LLC (4783)	Wages
4/13/2018	1060	Joel Whigham	\$1,232.57	Transport South Insurance Agency LLC (4783)	Wages
4/27/2018	1069	Joel Whigham	\$1,232.57	Transport South Insurance Agency LLC (4783)	Wages
2/27/2018	1023	Joel Whigham	\$1,232.57	Transport South Insurance Agency LLC (4783)	Wages
3/14/2018	1011	Joel Whigham	\$1,232.57	Transport South Insurance Agency LLC (4783)	Wages
2/14/2018	1041	Joel Whigham	\$1,232.57	The Wiley Group, Inc. (4700)	Wages
3/29/2018	1046	Joel Whigham	\$1,232.57	Transport South Insurance Agency LLC (4783)	Wages
5/11/2018	1090	Ragan Swennigen	\$1,840.00	Transport South Insurance Agency LLC (4783)	Wages
4/27/2018	1065	Ragan Swennigen	\$1,840.20	Transport South Insurance Agency LLC (4783)	Wages
4/13/2018	1058	Ragan Swennigen	\$1,840.20	Transport South Insurance Agency LLC (4783)	Wages
3/29/2018	1044	Ragan Swennigen	\$1,840.20	Transport South Insurance Agency LLC (4783)	Wages
2/28/2018	1010	Ragan Swennigen	\$1,840.20	Transport South Insurance Agency LLC (4783)	Wages
2/14/2018	1038	Ragan Swennigen	\$1,840.20	The Wiley Group, Inc. (4700)	Wages
5/11/2018	1080	Mike Summers	\$298.12	Transport South Insurance Agency LLC (4783)	Wages
5/11/2018	1082	Mike Summers	\$1,331.25	Transport South Insurance Agency LLC (4783)	Wages
5/1/2018	1075	Mike Summers	\$1,000.00	Transport South Insurance Agency LLC (4783)	Wages
4/13/2018	1057	Mike Summers	\$1,331.25	Transport South Insurance Agency LLC (4783)	Wages
4/13/2018	1062	Mike Summers	\$298.41	Transport South Insurance Agency LLC (4783)	Wages
4/22/2018	1066	Mike Summers	\$1,331.25	Transport South Insurance Agency LLC (4783)	Wages
3/9/2018	1003	Mike Summers	\$298.45	Transport South Insurance Agency LLC (4783)	Wages
3/14/2018	1014	Mike Summers	\$1,331.00	Transport South Insurance Agency LLC (4783)	Wages
3/29/2018	1043	Mike Summers	\$1,331.25	Transport South Insurance Agency LLC (4783)	Wages
2/27/2018	1021	Mike Summers	\$1,331.25	Transport South Insurance Agency LLC (4783)	Wages
2/14/2018	1045	Mike Summers	\$360.24	The Wiley Group, Inc. (4700)	Wages
5/11/2018	1089	Michelle Madison	\$1,595.00	Transport South Insurance Agency LLC (4783)	Wages
3/22/2018	1042	Michelle Madison	\$1,595.02	Transport South Insurance Agency LLC (4783)	Wages
4/13/2018	1056	Michelle Madison	\$1,595.02	Transport South Insurance Agency LLC (4783)	Wages
4/27/2018	1068	Michelle Madison	\$1,595.02	Transport South Insurance Agency LLC (4783)	Wages
2/22/2018	1019	Michelle Madison	\$1,595.02	Transport South Insurance Agency LLC (4783)	Wages
3/14/2018	1009	Michelle Madison	\$1,595.00	Transport South Insurance Agency LLC (4783)	Wages
2/14/2018	1036	Michelle Madison	\$1,595.02	The Wiley Group, Inc. (4700)	Wages
5/11/2018	1088	Taylor Cline	\$2,086.00	Transport South Insurance Agency LLC (4783)	Wages
3/29/2018	1039	Taylor Cline	\$2,086.00	Transport South Insurance Agency LLC (4783)	Wages
4/13/2018	1055	Taylor Cline	\$2,086.00	Transport South Insurance Agency LLC (4783)	Wages
3/14/2018	1005	Taylor Cline	\$2,086.00	Transport South Insurance Agency LLC (4783)	Wages
4/27/2018	1072	Taylor Cline	\$2,086.00	Transport South Insurance Agency LLC (4783)	Wages
2/27/2018	1047	Taylor Cline	\$2,086.40	The Wiley Group, Inc. (4700)	Wages
Various	Various	Premium Assign. Corp.	\$14,410.65		Insurance premiums
Various	Various	Roberts Blvd., LLC	\$31,374.40		Rent

**Attachment to Nos. 4 and 30 - to be supplemented**

11/14/17	5459	Russell Wiley	\$10,000.00	American Underwriting Services, LLC	Distribution in lieu of payroll
11/22/17	5538	Russell Wiley	\$7,500.00	American Underwriting Services, LLC	Distribution in lieu of payroll
12/05/17	5539	Russell Wiley	\$4,000.00	American Underwriting Services, LLC	Distribution in lieu of payroll
12/07/17	5543	Russell Wiley	\$3,000.00	American Underwriting Services, LLC	Distribution in lieu of payroll
12/11/17	5544	Russell Wiley	\$5,000.00	American Underwriting Services, LLC	Distribution in lieu of payroll
12/22/17	5545	Russell Wiley	\$10,000.00	American Underwriting Services, LLC	Distribution in lieu of payroll
			\$330,205.00		

A portion, and in some cases a majority, of the services provided by these firms benefitted Debtor.

To the extent Russell Wiley was a defendant in certain pieces of litigation some services did benefit him.

11/27/17	5464	Gillen Withers & Lake LLC	\$3,180.00	American Underwriting Services, LLC	Services
1/18/2018	1002	Gillen Withers & Lake LLC	\$50,000.00	The Wiley Group, Inc. (4700)	Services
2/22/2018	1046	Hallman & Wingate*	\$15,000.00	The Wiley Group, Inc. (4700)	Services
4/10/2018	1053	Hallman & Wingate	\$6,713.21	The Wiley Group, Inc. (4700)	Services
4/10/2018	1054	Hallman & Wingate	\$6,000.00	The Wiley Group, Inc. (4700)	Services
07/20/17	5328	Scoggins and Williamson PC*	\$5,000.00	American Underwriting Services, LLC	Services
11/28/17	5496	Scoggins and Williamson PC	\$1,350.00	American Underwriting Services, LLC	Services
11/30/17	5463	Scoggins and Williamson PC	\$1,350.00	American Underwriting Services, LLC	Services
3/28/2018	1091	Oxendine Law Group, PC	\$10,000.00	American Underwriting Services, LLC	Services
05/16/17	5241	Troutman Sanders, LLP*	\$10,000.00	American Underwriting Services, LLC	Services
05/16/17	5242	Troutman Sanders, LLP	\$10,000.00	American Underwriting Services, LLC	Services
05/30/17	5236	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
06/05/17	5240	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
06/15/17	5238	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
06/19/17	5239	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
07/20/17	5360	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
07/28/17	5361	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
08/08/17	5362	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
08/16/17	5363	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
08/22/17	5364	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
08/29/17	5365	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
09/05/17	5366	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
09/20/17	5367	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
09/27/17	5368	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
10/17/17	5468	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
10/27/17	5469	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
11/10/17	5470	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
11/21/17	5471	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
12/05/17	5472	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
12/18/17	5473	Troutman Sanders, LLP	\$5,000.00	American Underwriting Services, LLC	Services
			\$213,593.21		

**Attachment to Nos. 4 and 30 - to be supplemented**

2018					
1/3/2018	1001	Neil Wiley	\$7,500.00	The Wiley Group, Inc. (4700)	Buyout
1/12/2018	1010	Neil Wiley	\$7,500.00	The Wiley Group, Inc. (4700)	Buyout
1/30/2018	1027	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
2/2/2018	1029	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
2/9/2018	1030	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
2/16/2018	1031	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
2/23/2018	1032	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
3/9/2018	1085	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
3/16/2018	1086	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
3/23/2018	1087	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
3/30/2018	1088	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
4/6/2018	1049	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
4/13/2018	1050	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
4/20/2018	1051	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
4/29/2018	1052	Neil Wiley	\$3,500.00	The Wiley Group, Inc. (4700)	Buyout
5/7/2018	1089	Neil Wiley	\$15,000.00	The Wiley Group, Inc. (4700)	Buyout
2017					
05/16/17	5282	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
05/31/17	5013	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
06/16/17	5283	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
07/03/17	5284	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
07/18/17	5285	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
08/01/17	5251	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
08/16/17	5252	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
08/31/17	5413	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
09/18/17	5414	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
11/17/17	5418	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
12/05/17	5540	Neil P. Wiley	\$7,500.00	American Underwriting Services, LLC	Buyout
			\$158,000.00		

**Attachment to Nos. 4 and 30 - to be supplemented**

2018

1/24/2018	1011	Kevin Wiley	\$2,750.00 The Wiley Group, Inc. (4700)	Wages and reimbursement of expenses
2/14/2018	1044	Kevin Wiley	\$3,619.14 The Wiley Group, Inc. (4700)	Wages and reimbursement of expenses
2/26/2018	1002	Kevin Wiley	\$2,750.00 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
2/27/2018	1024	Kevin Wiley	\$3,619.14 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
3/14/2018	1012	Kevin Wiley	\$3,619.14 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
3/29/2018	1048	Kevin Wiley	\$2,750.00 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
3/29/2018	1047	Kevin Wiley	\$3,619.14 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
4/13/2018	1061	Kevin Wiley	\$3,619.14 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
4/23/2018	1073	Kevin Wiley	\$2,750.00 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
4/30/2018	1067	Kevin Wiley	\$3,619.14 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
5/11/2018	1081	Kevin Wiley	\$2,750.00 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
5/11/2018	1087	Kevin Wiley	\$3,619.14 Transport South Insurance Agency LLC (4783)	Wages and reimbursement of expenses
		2017		
05/30/17	5042	Kevin Wiley	\$1,750.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
06/28/17	5043	Kevin Wiley	\$1,750.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
07/20/17	5044	Kevin Wiley	\$2,750.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
08/21/17	5045	Kevin Wiley	\$2,750.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
09/05/17	5046	Kevin Wiley	\$1,000.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
10/16/17	5446	Kevin Wiley	\$1,000.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
10/30/17	5454	Kevin Wiley	\$2,750.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
11/24/17	5537	Kevin Wiley	\$2,750.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
12/14/17	5511	Kevin Wiley	\$700.00 American Underwriting Services, LLC	Wages and reimbursement of expenses
			\$56,283.98	

**Supplement to SOFA Question Number 13**

*13. Transfers Not Already Listed on this Statement. List any transfers of money or other property by sale, trade, or any other means made by the Debtor or a person acting on behalf of the Debtor within two years before the filing of this case to any other person other than property transferred in the orderly course of business or financial affairs.*

When the garnishments were filed against AUS' accounts by ProSight Specialty Management Company, Inc., *et al*, it was necessary for AUS to continue its business and to pay lawful debts which it owed to other creditors and to make premium payments which it held in trust for other insurance companies. Accordingly, between January 31, 2018 and the Petition Date, \$4,287,417.10 was deposited by representatives of the Debtor into accounts of affiliated companies. The monies were used by AUS to satisfy, payroll, tax obligations, vendor debts and to pay sums of money held in trust for other insurance companies.

Other than the fact that these monies were paid from accounts of affiliates, they were paid in the ordinary course of the business of AUS.

**Attachment to No. 30**

**Matt Wiley**

9/8/2017 5430

\$277.40 American Underwriting Services, LLC

Expense reimbursement

# United States Bankruptcy Court

Northern District of Georgia

In re American Underwriting Services, LLC

Case No. \_\_\_\_\_

Debtor

Chapter <sup>11</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$ .....  
Prior to the filing of this statement I have received ..... \$ .....  
Balance Due. .... \$ .....

RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ <sup>53,298.00</sup>  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ <sup>350.00</sup>  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

- The source of the compensation paid to me was:

Debtor       Other (specify)

- The source of compensation to be paid to me is:

Debtor       Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

- In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Debtor agrees to compensate Small Herrin, LLP ("Small Herrin"), for the cost of all services rendered by the firm. Small Herrin has received a retainer in the amount of \$53,298.00 toward fees and expenses to be incurred within the Chapter 11 case. Any fees and expenses to be incurred within the Chapter 11 case shall only be payable to the respective firm when the same are allowed by the U.S. Bankruptcy Court. The firm shall not apply any of the retainer amount against fees or expenses without prior approval of the Court. Prior to the filing of the case, the firm was paid \$21,985.00, plus \$1,717.00, for the filing fee, for pre-petition services rendered in preparing the case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Any services performed at Small Herrin's normal hourly rates and reimbursement of expenses related thereto, the charges for which exceed the retainer amount.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/18/2018

/s/ Anna Humnicky, 377850

Date

*Signature of Attorney*

Small Herrin, LLP

*Name of law firm*  
Two Paces West, Suite 200  
2727 Paces Ferry Rd.  
Atlanta, GA 30339  
ahumnicky@smallherrin.com

United States Bankruptcy Court  
Northern District of Georgia

In re: American Underwriting Services, LLC

Case No.

Debtor(s)

Chapter 11

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 05/18/2018

/s/ James Russell Wiley

Signature of Individual signing on behalf of debtor

Sole SH of The Wiley Group, Inc., Manager

Position or relationship to debtor

1st Patriot Insurance Services, LLC  
2616 N. McColl Rd  
McAllen, TX 78501

ARM Insurance Agency  
4511 Highway 6 N Ste A  
Houston, TX 77084

A to Z Insurance Group, Inc  
5959 S Staples Ste 102  
Corpus Christi, TX 78413

Acadia Coffee Service, Inc.  
1165 Allgood Road suite 17  
Marietta, GA 30062-2238

A.I.Credit Corporation  
P.O. Box 9045  
New York, NY 10087-9045

Acrisure, LLC  
5664 Prairie Creek Drive, SE  
Caledonia, MI 49316

AAA Truck Agency Corp  
25303 IH 45 N The Woodlands  
Spring, TX 77380

Adams Trucking Insurance  
145 Stately Oaks Cir.  
Brunswick, GA 31523

ABCO Premium Finance  
PO BOX 141029  
Coral Gables, FL 33114

Affiance Insurance Agency  
PO Box 1306  
Buda, TX 78610

ACE Westchester Specialty Grp  
5505 N. Cumberland Ave.  
Suite 307  
Chicago, IL 60656

All Solutions Insurance Agency, LLC  
22364 Alessandro Blvd  
Moreno Valley, CA 92553

AFS/ Ibex  
PO Box 224528  
Dallas, TX 75222

All-Wheels Insurance Services  
1001 Cypress Creek Road Ste403  
Cedar Park, TX 78613

AIG  
1200 Abernathy Rd Bldg 600, Suite 800  
Atlanta, GA 30328

Alliant Insurance Services, Inc.  
5100 Thompson Terrace Ste A  
Colleyville, TX 76034

AON Risk Services Inc.  
P O Box 3870  
Little Rock, AR 72203

Allnations Insurance Agency  
2537 S Gessner Ste 110  
Houston, TX 77063

Allsure Insurance  
1722 Prairie Grove Dr  
Houston, TX 77077

Bancorp South Insurance Services, Inc.  
8315 Cantrell Road Suite 300  
Little Rock, AR 72227

AmeriComp Benefits, Inc.  
P O BOX 4319  
Columbus, GA 31914

BankDirect Capital Finance  
Two Conway Park 150 North Field Drive  
Suite 190  
Lake Forest, IL 60045

American Inter-Fidelity Exchange  
9223 Broadway; Ste A  
Merrillville, IN 46410

BankDirect Capital Finance, LLC  
P.O. Box 660448  
Dallas, TX 75266-0448

American Internat'l Companies  
P.O. Box 30174  
New York, NY 10087-0174

Belken Insurance Associates  
8626 Tesoro Drive #310  
San Antonio, TX 78217

American Millennium Insurance Company  
1044 Route 23 North, STE 103  
Wayne, NJ 07470

Ben Spurgin Insurance  
2521 Cedar Springs  
Dallas, TX 75201

American Southern Insurance Companies  
3715 Northside Parkway Building 400,  
Suite 800  
Atlanta, GA 30327

Biba Insurance Services Inc  
17908 Murphy Parkway  
Lathrop, CA 95330

AssuredPartners NL  
3000 Meridian Blvd STE 100  
Franklin, TN 37067

Big Rigs Insurance  
14510 Vaughn Rd  
Molalla, OR 97038

Avina's Insurance Services  
1110 Artesia Blvd Ste. A  
Cerritos, CA 90703

Big Truck Agency  
2517 Fairway Park Drive Suite 202  
Houston, TX 77092

B&D Insurance Services  
12118 Walnut Park Crossing #1317  
Austin, TX 78753

Bigham Kliewer Chapman & Watts  
2100 Trimmier Road PO Box 996  
Killeen, TX 76540

Bob White Insurance  
PO BOX 73009  
Houston, TX 77273

Canal Insurance Company  
400 East Stone Avenue  
Greenville, SC 29601

Brower Insurance Agency, LLC  
409 East Monument Ave STE 400  
Dayton, OH 45402

Capital Premium Finance  
PO Box 1020  
Draper, UT 84020

Bylsma-Nederveld Agency, Inc.  
3001 Fuller, N.E.  
Grand Rapids, MI 49505

Capitol Insurance Brokers  
3820 W.Happy Valley Rd Ste 141  
Glendale, AZ 85310

C. Ferguson Insurance  
P.O. Box 1855  
Valley Springs, CA 95252

Capps Insurance Agency  
1610 Shadywood Lane  
Mount Pleasant, TX 75455

C.M. Brown & Associates, Inc.  
P.O.Box 384  
Perryville, MO 63775

Carrier Service Insurance  
P.O. Box 69000C  
Miami, FL 33269

CIT  
21146 Network Place  
Chicago , IL 60673-1211

Cen-Cal Transportation Ins  
2351 Sunset Blvd. Ste #314  
Rocklin, CA 95765

CO Brown Agency Inc  
2048 Superior Drive NW  
Rochester, MN 55901

Centerpoint  
11285 Elkins Road, Bldg E  
Roswell , GA 30076

Cal-Valley Insurance Services Inc  
5070 N. Sixth Street Suite 155  
Fresno, CA 93710

Centex Transportation Ins. Svc  
2351 Sunset Blvd. Ste. 314  
Rocklin, CA 95765

Canal Indemnity Company  
400 East Stone Ave  
Greenville, SC 29061

Chrome Truck Agency LLC  
12220 Eruzione Drive  
Austin, TX 78748

Chubb & Son, Inc.  
5505 N Cumberland Ave, Ste 301  
Chicago, IL 60656

Commercial & Transportation Ins.  
P.O. Box 361901  
Birmingham, AL 35236

Classic Plan Premium Finance  
PO Box 5146  
Chino, CA 91708-5146

Commercial Carrier Insurance  
44 Merrimon Avenue  
Ashville, NC 28801

Cline Wood Agency  
4300 West 133rd St  
Leawood, KS 66209

Commercial Insurance Associates, LLC  
103 Powell Court Suite 100  
Brentwood, TN 37027

Cobb County Tax Commissioner  
700 South Cobb Drive  
Marietta, GA 30060-3162

Commercial Insurance Solutions  
P.O. Box 6310  
East Brunswick, NJ 08816

Cobb County Tax Commissioner  
P.O. Box 100127  
Marietta, GA 30061-7027

Commercial Transportation Insurance  
Services - CTIS  
6520 44th Street #300  
Sacramento, CA 95823

Coldwater Insurance Agency Inc  
613 Austin Street  
Levelland, TX 79336

Commerical Carriers  
12641 166th Street  
Cerritos, CA 90703

Colonial Insurance  
3845 Holcomb Bridge Road Ste 300  
Norcross, GA 30092

Commerical Insurance Services  
PO DRAWER 26227  
Oklahoma City, OK 73126

Com-Co Insurance Agency  
3425 Dempster St  
Skokie, IL 60076

Compass Insurance Agency  
PO Box 530350  
Birmingham, AL 35253

Comcast  
P O Box 530098  
Atlanta, GA 30353-0098

Cook Insurance Group  
3333 Lee Parkway Suite 600  
Dallas, TX 75219

Cottingham & Butler  
P.O. Box 28  
Dubuque , IA 52004-0028

DMB Truck Insurance LLC  
PO Box 6423  
McKinney, TX 75071

Cottingham & Butler  
800 Main Street PO Box 28  
Dubuque, IA 52004

Dakota Street Insurance  
PO Box 202  
Spring Valley, IL 61362

County Wide Insurance  
130 East Stoddard  
Dexter, MO 63841

David Baker Insurance  
950 S Fry Road  
Katy, TX 77450

Craig C Hansen Insurance Servi  
2103 3rd Street  
Eureka, CA 95501

Davis Insurance Agency  
PO BOX 152620  
Lufkin, TX 75915-2620

Crossroads Insurance Services  
9816 Gilespie St Suite 120  
Las Vegas, NV 89183

De Lage Landen Financial Svcs  
P.O. Box 41601  
Philadelphia, PA 19101-1601

Crum & Forster Insurance Co.  
305 Madison Avenue  
Morristown, NJ 07962

Delaware Secretary of State  
Division of Corporations P O Box 5509  
Bingham , NY 13902-5509

Custom INS Division  
404 E Ramsey Suite 210  
San Antonio, TX 78216

Demoisey Insurance Agency  
258 Plaza Drive  
Lexington, KY 40503

Cypress Premium Funding  
30448 Rancho Viejo Rd STE 100  
San Juan Capistrano, CA 92675

Department of State  
P.O. Box 1500  
Tallahassee , FL 32302-1500

D & H Insurance Group  
914 Judson Rd  
Longview, TX 75601

Desert West Insurance Agency Inc  
PO Box 640210  
El Paso, TX 79904

Dickson Insurance  
PO BOX 40308  
Mesa, AZ 85274

Elite 4 Truck  
1801 South Excise Ave Ste 115  
Ontario, CA 91761

Don-Rick Insurance Inc  
313 Oak Street  
Baraboo, WI 53913

Ellington Insurance Inc  
121 S Green St  
Swainsboro, GA 30401

Donald LaPenna Associates  
PO BOX 1868  
Cranford, NJ 07016

Elliott Hartman Agency  
611 Ansborough Ave.  
Waterloo, IA 50704

ECBM  
300 Conshohocken Ste 405  
West Conshohocken, PA 19428

Emery & James Ltd  
300 E. Morris Ave.  
Hammond, LA 70403

Eagle National Insurance - USA (HQ)  
80 SW 8th Street, Suite 2000 Brickell  
Bayview Office Building  
Miami, FL 33130

Equify Risk Services LLC  
12222 Merit Drive Suite 1400  
Dallas, TX 75251

Eastern Insurors, LLC  
445 Godwin Avenue  
Midland Park, NJ 07432

Express Premium Finance Co.  
PO Box 18836  
Oklahoma City, OK 73154-0836

Easy Truck Insurance  
7635 Clement Rd Ste A  
Vacaville, CA 95688

FDI Management Group  
275 Cumberland Pkwy Ste 246  
Mechanicsburg , PA 17055

Ebix, Inc.  
3906 Paysphere Circle  
Chicago, IL 60674

FP Mailing Solutions  
140 N Mitchell Court, ste 200  
Addison , IL 60101-5629

Eiyida Solutions  
16W277 83rd Street Ste C  
Burr Ridge, IL 60527-7951

Farris Evans Insurance  
1568 Union Avenue  
Memphis, TN 38174

FedEx  
P.O. Box 660481  
Dallas, TX 75266-0481

Florida Commercial Ins Inc  
1401 SW 21st Lane  
Boca Raton, FL 33486

Fino Services LLC  
6193 Highway Boulevard #205  
Katy, TX 77494

Florida Department of State  
P.O. Box 6327  
Tallahassee , FL 32314

First Insurance Funding  
450 Skokie Blvd Ste 1000  
Northbrook, IL 60065

Florida State Underwriters  
P.O. Box 300986  
Fern Park, FL 32824

First Niagra Risk Management  
125 Hillvue Lane  
Pittsburgh, PA 15237

Fortenberry Insurance Agency  
P.O. Box 2139  
Hewitt, TX 76643-2139

First Services Inc  
215 Estates Dr Ste 1  
Roseville, CA 95678

Frontier Truck Insurance  
6054 Tanana Drive  
Carmel, IN 46033

Fisher & Phillips LLP  
1075 Peachtree Street, NE Suite 3500  
Atlanta, GA 30309

Gary W. Marsh, Esq., Dentons US, LLP  
303 Peachtree Street NE, Suite 5300  
Atlanta, GA 30308

Flat Iron Capital  
950 17th St Suite 1300  
Denver, CO 80202

Generazio Associates, Inc.  
265 Broad Street  
Bloomfield, NJ 07003

Fleet Risk Management, Inc.  
2485 Demere Rd., Suite 100  
Saint Simons Island, GA 31522

Georgia Department of Insurance  
Premium Tax Division P O Box 935134  
Hapeville , GA 30354

FleetSeek  
500 Lafayette Blvd, Ste. 230  
Fredericksburg , VA 22401

Georgia Department of Labor  
P.O. Box 200366  
Cartersville , GA 30120

Georgia Department of Revenue  
1800 Century Blvd.  
Suite 9100  
Atlanta, GA 30345

Georgia Department of Revenue  
Taxpayer Services Division P.O. Box  
740321  
Atlanta, GA 30374-0321

Georgia Department of Revenue  
P.O. Box 105499  
Atlanta, GA 30348-5499

Global Associates  
20 Highland Ave  
Metuchen, NJ 08840

Global Transportation Ins.  
P.O. Box 5220  
Farmington, NM 87499

Good's Insurance  
352 E Main St, Ste 200  
Leola, PA 17540

Goodman-Baker Insurance  
3534 E Sunshine Ste Ste H  
Springfield, MO 65809

Grace Group, Inc.  
17709 Cantrell Road  
Little Rock, AR 72223

Great Lakes Insurance Assoc.  
3205 Peach Street  
Erie, PA 16508

HG Companies & Assurance LLC  
2045 E Price Rd Ste 7L  
Brownsville, TX 78521

HNI Risk Services  
16085 West Cleveland Ave  
New Berlin, WI 53151

HNI Truck Group  
1621 Colonial Parkway  
Inverness, IL 60067

HUB Internat'l Transportation  
P.O. Box 1000  
Colchester, VT 05446

Hadley & Lyden, Inc.  
P.O. Box 700  
Winter Park, FL 32790

Hancock & Associates, Inc  
8200 Kingston Pike Suite 21  
Knoxville, TN 37919

Hanuschak Agency  
P.O. Box 7727  
Cumberland, RI 02864

Hartley Cylke Pacific Insurance  
2747 University Ave  
San Diego, CA 92104

Hatch Agency  
PO BOX 1861  
Minnetoka, MN 55345

Hawk Agency Inc  
7131 Knoxville Ave  
Peoria, IL 61614

Hinson Building Corporation  
540 48th Street Court East  
Bradenton , FL 34208

Haymond Insurance Inc.  
200 S. Main  
Searcy, AR 72145

Hire Right Solutions  
P O Box 847891  
Dallas, TX 75284-7891

Hays of Utah Insurance Services  
170 South Main Street Suite 1000  
Salt Lake City, UT 84101

Holmes Murphy & Associates  
PO BOX 2429  
Cedar Rapids, IA 52406-2429

Heil and Heil Insurance Agency LLC  
1250 E Diehl Rd Ste 104  
Naperville, IL 60563

Hub Coburn Insurance  
PO BOX 1000  
Colchester, VT 05446

Heiser Agency  
133 S Main Street  
Morton, IL 61550

Hub Flynn  
1643 24th Street West Suite 21  
Billings, MT 59102

Heritage Insurance  
920 Lily Creek Rd Suite 201  
Louisville, KY 40243

Hub International  
PO BOX 17346  
Salt Lake City, UT 84117

Heritage Insurance Service  
920 Lily Creek Rd Suite 201  
Louisville, KY 40243

Hub International Texas  
12175 Network Blvd. Suite 100  
San Antonio, TX 78249

Hibbs & Associates  
2362 Three Bars Dr  
Snellville , GA 30078

Hub Kaufman  
P.O. Box 17346  
Salt Lake City, UT 84117

Higginbotham  
308 W Parkwood Ave #104B  
Friendswood , TX 77546

Hub Lenhardt Agency  
1643 24th Street W, Ste 211  
Billings, MT 59102

Hubbard Insurance Agency, Inc  
4574 FM 1960 East  
Humble, TX 77346

Insurance Brokers of Maryland-  
PO Box 3767  
Hagerstown, MD 21742-3737

Hughston Insurance Agency, Inc.  
46 Cove Circle  
Brownsville, TX 78521

Insurance Group Services, Inc.  
3000 W. Cypress Creek Rd  
Fort Lauderdale, FL 33309

Hunt & Associates, Inc.  
720 North Post Oak Suite 330  
Houston, TX 77024

Insurance Office of America  
4223 South Pipkin Rd Ste 200  
Lakeland, FL 33811

IBEX  
PO Box 224528  
Dallas, TX 75222

Insurance Office of America - MD  
1407 York Road Ste 312  
Lutherville Timonium, MD 21093

INSPRO Insurance  
P.O. Box 6847  
Lincoln, NE 68506

Insurance Risks Managers of MO  
425 N New Ballas Rd Ste #175  
St Louis, MO 63141

IPFS  
5316 Hwy 290 W  
Suite 310  
Austin, TX 78735

Insurance Service Associates  
1770 Indian Trail Rd Ste #130  
Norcross, GA 30093

ISU Stetson-Beemer Insurance  
PO BOX 7236  
Reno, NV 89510

Insurance Service Group  
P.O. Box 4000  
Clinton, TN 37717

Impact Finance Corp  
P.O. Box 515439  
Dallas, TX 75251-5439

Insurance of Mid Cities Agency  
1235 Cavender Dr #101  
Hust, TX 76053

Insgroup Inc.  
3131 W Alabama Ste 200  
Houston, TX 77098

Insurepointe of Texas, Inc.  
2909 Hillcroft Suite 600  
Houston, TX 77057

Insurica Ins. Management Network  
1100 NE Loop 410 Ste 200  
San Antonio, TX 78209

Interstate Trucking Alliance  
7414 Fossil Hill Dr  
Arlington, TX 76002

Integrity Transportation Insurance Agency  
LLC  
14511 Falling Creek Dr.  
Houston, TX 77014

Intervalley Insurance Services  
4221 N Fresno Street  
Fresno, CA 93726

Interline Risk Services, Inc.  
2100 Pooler Parkway  
Pooler, GA 31322

Island Financial Ins Assoc Inc  
2815 East Main Avenue  
Puyallup, WA 98372

Internal Revenue Service  
Central Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101

Italiano Insurance Services  
PO Box 18425  
Tampa, FL 33679

Interstate Insurance Agency  
PO Box 568944  
Orlando, FL 32856-8944

J. Smith Lanier  
P.O. Box 70  
West Point, GA 31833

Interstate Insurance Services Inc.  
2601 N Del Rosa Ave Suite 114  
San Bernardino, CA 92402

JLP Insurance Services, LLC  
3719 Fry Rd. Suite C  
Katy, TX 77449

Interstate Insurance Services Inc.  
6101 N Armstrong St.  
Wichita, KS 67204

Jagdeep Singh Insurance Agency  
4185 W Figarden Dr #101  
Fresno, CA 93722

Interstate Motor Carriers Agency, Inc  
PO Box 4500  
Freehold, NJ 07728

James Brummett Insurance  
PO Box 606  
Oliver Springs, TN 37840

Interstate Truckers Insurance  
P.O. Box 8394  
Boise, ID 83707

James Miller Insurance Agency  
1801 Eastchase Parkway Suite 109  
Fort Worth, TX 76120

James Russell Wiley  
6201 Arnall Ct.  
Acworth, GA 30101

Kenneth Seiber  
10010 Judy Road  
Lyles, TN 37098

Jane R. Parker  
204 Kier Street  
New Alexandria , PA 15670

Kentucky Attorney in Fact  
314 West Main Street  
Frankfort, KY 40601-1808

Jeffers Insurance Agency  
100 NE Loop 410, Ste #1250  
San Antonio, TX 78216

Keuler Insurance Agency Inc  
229 High St  
Mineral Point, WI 53565

Jenna Crossley Sanford  
14635 Creek Club Dr  
Alpharetta, GA 30004

Keystone Truck Underwriters, LLC  
702 W. Pitt Street PO Box 640  
Bedford, PA 15522

Jones Truck Insurance Agency  
P.O. Box 236  
Waco, TX 76703-0236

Kiely, Hines & Associates Insurance  
6100 Dutchmans Lane 10th Floor  
Louisville, KY 40257

KHD LLC Insurance Services  
1259 Route 46 East Building One, Suite  
125  
Parsippany, NJ 07054

Kinloch Partners, Inc.  
300 Executive Drive Ste 310  
West Orange, NJ 07052

KMB Insurance Consultants  
1150 Johnson Drive  
Naperville, IL 60540

Kirby Soar Insurance Agency  
809 S. Evers Street  
Plant City, FL 33563

Katy Insurance Agency, Inc.  
P O Box 597  
Katy, TX 77492

Krist Insurance  
6600 Westown Pkwy., Suite 250  
West Des Moines, IA 50266

Keisling Insurance  
8500 Highway 111 Ste 150  
Byrdstown, TN 38549

Kunkel & Associates  
401 Data Court  
Dubuque, IA 52003

L Transportation Writers, Inc.  
405 Oakwood Road 2nd Floor  
Huntington Station, NY 11746

Licona Insurance Group  
5927 Gateway Blvd W Ste B  
El Paso, TX 79925

LCIA INC  
PO BOX 3043  
Kearny, NJ 07032

Lighthouse Insurance Group  
4808 Broadmoor SE  
Grand Rapids, MI 49512

LLC Insurance Agency  
4216 N Lincoln Ave  
Chicago, IL 60618

Lipscomb & Pitts  
2670 Union Avenue  
Memphis, TN 38112

Latino Truckers Insurance Serv  
PO BOX 4267  
Ontario, CA 91761

Lloyds of London/Tysers  
9th Floor Beaufort House  
15 St Botolph Street  
London, England, EC3A 7EE

Leavitt Group  
6050 Tacoma Mall Blvd #300  
Tacoma, WA 98409

Logistics Insurance Concepts  
1527 W. State Hwy 114 Ste 500-299  
Grapevine, TX 76051

Lenhardt Agency, Inc.  
Suite 211  
Billings, MT 59102

Lonesource  
114 MacKenan Drive Suite 300  
Cary , NC 27511

Lexington Insurance Company  
100 Summer Street, Boston  
Boston, MA 02110-2103

Los Robles  
2930 E Inland Empire Blvd., St  
Ontario, CA 91764

Liberty Insurance Serviesz, Inc  
3601 W. Devon Ave Suite 103  
Chicago, IL 60659

Love Insurance Agency  
34920 Ridge Road  
Willoughby, OH 44094

Liberty Truck Insurance  
401 Daniel Payne Drive  
Birmingham, AL 35214

M&O California Insurance Services, Inc  
6055 E Washington Blvd Ste 1090  
Los Angeles, CA 90040

MGA Insurers, Inc  
2225 Enterprise Drive Suite 2513  
Westchester, IL 60154

Marvin Johnson  
PO BOX 1849  
Columbus, IN 47202

MJ Insurance  
9225 Priority Way West Drive  
Indianapolis, TN 46240

Mass Insurance Agency  
7300 F Street  
Omaha, NE

MacKenzie Agency  
116 South Third Street  
Saint Peter, MN 56082

MassMutual Financial Group  
Policy Loans P O Box 75045  
Charlotte , NC 28275-0045

Mailing Systems of Georgia  
1710 Cumberland Point Drive Suite 7  
Marietta, GA 30067

Massachusetts Mutual Life Ins  
Dept #2560  
Los Angeles , CA 90084-2560

Malone Insurance Services  
1137 Bordeau Court  
Dunwoody , GA 30338

Massey Insurance Services  
16000 Apple Valley Rd Ste C-2  
Apple Valley, CA 92307

Maple Leaf Insurance Agency Inc  
6536 Kitsap Way  
Bremerton, WA 98312

Matrix Insurance Group  
Suite 104  
Aventura, FL 33180

Marquee Insurance Group  
1000 Holcomb Woods Pkwy Building 300  
- Suite 315A  
Roswell, GA 30076

Maulding & Associates  
P.O. Box 320549  
Jackson, MS

Marshall Insurance Agency, Inc  
1623 21st Ste Suite A  
Springfield, OR 97477

Maverick Truck Insurance  
5840 West I20 Suite #201  
Arlington, TX 76017

Martin & Harrill, Inc.  
221 W. Eleventh Street  
Charlotte, NC 28202

McDonald Insurance  
90 Whitlock Place  
Marietta, GA 30064

Menard, Gates, and Mathis  
6401 Poplar Ave Ste 250  
Memphis, TN 38119-4688

Meridian Insurance Group  
4555 Mansell Road Suite 250  
Alpharetta, GA 30022

Mid South Insurance Agency Inc  
P.O. Box 457  
Corning, AR 72422

Millenium Insurance Services  
8301 Broadway Suite 405  
San Antonio, TX 78209

Milner, Inc.  
P.O. Box 923197  
Norcross, GA 30010-3197

Mulligan Insurance Agency, Inc  
5114 Highway 33-34  
Farmingdale, NJ 07727

Multi Printing Solutions, Inc.  
8113 S. Lemont Rd  
Darien , IL 60561-1755

NFP Property & Casualty  
1050 Wigwam Pkwy. #110  
Henderson, NV 89074

National Online Registries, LLC  
P O Box 419317  
Kansas City , MO 64141-6317

New York Marine and General Insurance Company  
c/o Gary Marsh, Dentons US, LLP  
303 Peachtree Street, NE, Suite 5300  
Atlanta, GA 30308

Nicky's Insurance Agency, Inc  
806 Del Oro Lane  
Pharr, TX 78577

North Country Insurance  
8800 SE Sunnyside Rd. 16621 N 91st St  
Ste 103  
Scottsdale, AZ 85255

OVIA Insurance Services  
1809 Banks Road  
Pompano Beach, FL 33063

Orbis Insurance  
5800 NW 74th Ave  
Miami, FL 33166

PJC Insurance  
P.O. Box 9750  
Springfield, MO 65801-9750

Palomar Insurance  
P.O. Box 11128  
Montgomery, AL 36111-0128

Peoples Insurance Agency  
PO BOX 119  
Waverly , IA 50677

Premium Assignment Corp  
PO BOX 3066  
Tallahassee, FL 32315-3066

Prime Insurance Company  
8722 South Harrison St  
Sandy, UT 84070

Reliance Partners  
325 Market Street Suite 205  
Chattanooga, TN 37402

ProSight Specialty  
12 Mount Kemble Ave  
Suite 300C  
Morristown, NJ 07960

Rich Insurance Services  
105 South 3rd Street  
Cabot , AR 72023

ProSight Specialty Mgt. Co., and New York  
Marine and General Insurance Company  
c/o Gary Marsh, Denton US, LLP  
303 Peachtree Street, NE, Suite 5300  
Atlanta, GA 30308

Risk Placement Services  
33719 Treasury Center  
Chicago, IL 60694-3700

Professional Safety Consultants  
221 Victory Lane Suite 100  
Lincoln, NE 68528

Roberts Blvd, LLC  
P.O. Box 360566  
Birmingham, AL 35236

Propel Insurance  
2045 Cardinal Ave, Ste 300  
Medford, OR 97504

Rodriguez Insurance Agency  
13111 North Central Expressway Ste 8001

RIS Insurance Services  
841 N Central Ave Ste C232  
Kent, WA 98032

Dallas, TX 75243

RJS Insurance Services, Inc.  
27782 El Lazo  
Laguna Niguel, CA 92677

SC&F Specialty Underwriters  
160 Water Street  
16th Floor  
New York, NY 10038-4922

RRL Insurance Agecny  
35000 Kaiser Court Suite 300  
Willoughby, OH 44094

SWZ Insurance  
295 E Renfro #211  
Burleson, TX 76028

Regions Insurance  
PO BOX 3198  
Little Rock, AR 72203

Saver Insurance Agency  
1415 Molson Lake Dr  
Leander, TX 78641

Scholar & Associates  
P.O. Box 967  
Jemison, AL 35085

Sebrite Agency, Inc.  
5421 Feltl Road Suite 140  
Hopkins, MN 55343

Supportive Insurance Services  
1610 South Old Decker Road  
Vincennes , IN 47591

Securance Corporation Agency  
P.O. Box 420390  
Houston, TX 77242-0390

Synovus Bank  
PO Box 23061  
Columbus, GA 31902-3061

South Carolina Department  
Post Office Box 100105  
Columbia, SC 29202-3105

T.I.S. Ltd.  
PO Box 740  
Weyauwega, WI 54983

Southern Insurance Specialist  
PO BOX 2116  
Ridgeland, MS 39158-2116

TC Insurance Services  
1050 Wigwam Pkwy, Suite 110  
Henderson, NV 89074

State Comptroller - Texas  
PO Box 149348  
Austin , TX 78714-9348

TRICOR Inc  
230 W Cherry Street  
Lancaster, WI 53813

State Tax Commission  
P.O. Box 23050  
Jackson, MS 39225-3050

TWI Agency Inc  
600 S Tyler St  
Amarillo, TX 79101

Stephens Insurance LLC  
140 Township Avenue Ste 202  
Ridgeland, MS 39157

Texas Comptroller of Public Accounts  
Texas Surplus Lines Department  
PO Box 13528  
Austin, TX 78711-3528

Sterling Risk Advisors  
2500 Cumberland Pkwy Ste 400  
Atlanta, GA 30339

Texas Dept of Insurance  
Attn: Co Licensing and Reg Off, DIV 50561  
P O Box 149104  
Austin , TX 78714-9104

Stonemark, Inc.

Texas Truck  
2113 Greenbriar Dr  
Southlake, TX 76092

Sunbelt Insurance Group  
114 Lee Pkwy Drive  
Chattanooga, TN 37421

The Buckner Company  
6550 S. Millrock Drive Ste 300  
Salt Lake City, UT 84121

Troutman Sanders LLP  
P.O. Box 933652  
Atlanta, GA 31193-3652

The Hilb Group of Texas, LLC  
777 E. Sonterra Blvd Ste 330  
San Antonio, TX 78258

Truck Insurance Specialists  
3006 Gill Street Suite D  
Bloomington, IL 67104

The Wiley Group, Inc.  
1255 Roberts Blvd.  
Suite 102  
Kennesaw  
GA 30144

Truckers Insurance  
400 West Expressway  
San Juan, TX 78589

Thomson Reuters Inc  
P O Box 417175  
Boston , MA 02241-7175

Trucking Specialist LLC  
425 4th Street SC Suite 802 Box 39  
Cedar Rapids, IA 52401

To be supplemented

Truckline Insurance Grp, LLC / T.D. Hawks  
120 E. 9TH Street  
Dubuque, IA 52001

Transport Services Group, LLC  
3940 Werrington Drive  
Cumming, GA 30040

True North Companies  
500 1st St. SE  
Cedar Rapids, IA 52401

Transport South Insurance Agency, LLC  
1255 Roberts Blvd Ste 102  
Kennesaw, GA 30144

Turner & Hamrick  
P.O. Box 985  
Troy , AL 36081

Trinity Insurance Services LLC  
PO Box 439  
Clarkson, KY 42726

U.S. E&O Brokers  
820 Gessner Road, Suite 1360  
Houston, TX 77024-4461

Triumph Insurance  
3 Park Central, Suite 1700 12700 Park  
Central Drive  
Dallas, TX 75251

U.S. Premium Finance  
280 Technology Parkway  
Suite 200  
Norcross, GA 30092

UPS  
P.O. Box 7247-0244  
Philadelphia, PA 19170-0001

WNC, LLC  
2900 Delk Road Ste 700 PMB 252  
Marietta, GA 30067-5350

US Insurance Source  
22327 Gosling Road  
Spring, TX 77389

West Virginia Ins Commisioner  
PO Box 2153  
Charleston , WV 25328-2153

US Premium Finance  
3169 Holcomb Bridge Road Ste 150  
Norcross, GA 30071

White Wolf Insurance  
2406 S Jupiter Rd STE 4  
Garland, TX 75041

USA Specialty Insurance LLC  
5246 SW 8th St STE 102-A  
Miami, FL 33134

Willcomply, LLC  
3700 Park East Drive, Suite 250  
Beachwood, OH 44122

USI Southwest  
1340 W. Tunnel Blvd, Suite 110  
Houma, LA 70360

Windham Brannon, PC  
3630 Peachtree Road NE Suite 600  
Atlanta, GA 30326-1543

USI Transportation  
2021 Spring Road, Suite 100  
Oak Brook, IL 60523

Various - see attached for SoFA #3

Vertafore/CIS Solutions  
27384 Network Place  
Holtsville , NY 60673-1273

Volmert & Associates  
3023 South University Drive #208  
Fort Worth, TX 76109

WGI/Stonebriar  
16935 W Bernardo Dr Suite 100  
San Diego, CA 92127